652.106.042-893

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 21979

Primary Registration District No. 7085 Registered No. .....

FULL NAME OF CHILD Baby Westney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur T Westney	FULL MAIDEN NAME	Bertha Hilton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N. H.	BIRTHPLACE	O
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 84 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Glondick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 5-15 1914 John T Coughlin Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-201-030-386

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

26534

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 110

FULL NAME OF CHILD Constance Louise Smith

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	January 1915

FATHER

FULL NAME Charles Smith

RESIDENCE Salmon (6 Miles East)

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Lyons

RESIDENCE 6 Miles East Salmon

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Montana

OCCUPATION At. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-30 a m on the date above stated.

(Signature) F. A. Wright M.D.

(Physician or midwife)

Address Salmon Idaho

Filed JAN — 8 1915 Helen L. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

APR 1 1942

DEC 3 1942

813-102-016-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26693

County of Cassia

City of Churchill

Registration District No. 130

File No.

No. ____ St.

Primary Registration District No. 2199

Registered No. 143

Hospital

FULL NAME OF CHILD Louis Wynn Hatch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	1 — 2 — 1915

FATHER		MOTHER	
FULL NAME	Fred Earl Hatch	FULL MAIDEN NAME	Harriet Harding
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Lumber salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 1 — 3 — 1915 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

539-203-016-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. II 26694

Primary Registration District No. 2199 Registered No. 144

FULL NAME OF CHILD Ruth Elison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	1 (Month) – 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. Fred Elison	FULL MAIDEN NAME	Gertrude Halverson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:55 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

(Physician or midwife) MD

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 1-3 1915 E P Oldham

Registrar

S-Y CO. 24658

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 14 10 45 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 26694

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Elison (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1915 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Baby Ruth Elison

Subscribed and sworn to before me this 12th day of August, 19 74

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

X Signed Gaffard Woodhouse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/12/74

AUG 1 2 1974

Social Sec. Card gives name as Mary Ruth Woodhouse #518-82-0001
Viewed by V. S.

Own daughter's certif. on file in Idaho (366640) gives mother's name as Ruth Elison, viewed by V.S.

719-105-016-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26698

Registration District No. 120 File No. 4

Primary Registration District No. 2194 Registered No. 148

FULL NAME OF CHILD Forest Garrard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X and X		yes	1 – 5 – 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph H. Garrard	Elizabeth Stanger
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Janitor	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.

(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

..... 19.....

Filed 1 – 6 1915 E. P. Oldham Registrar

..... Registrar

S-Y CO. 24655

NOV 2 0 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. 553-209-016-764 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 130 File No. II 26699

Primary Registration District No. 299 Registered No. 149

FULL NAME OF CHILD MERNA ADELAIDE Nelson

Sex of Child Female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence L. Nelson	FULL MAIDEN NAME	Ila V. Poulton
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 1-9 1915 E P Oldham
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 26699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Merna Adelaide Nelson (Name on Original Certificate) who born (Was Born or Died) on June 9th 1915 (Date of Event) in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge also Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Merna Adelaide Nelson

Subscribed and sworn to before me this 20 day of August, 1942

Earl Whiteley

Notary Public, residing at Oakley Ida

My commission expires 3/25/1944
(Seal)

Signed E. L. Nelson (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gen. Del Oakley Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 22 1942

AUG 24 1942

568-109-016-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. II 26700

Primary Registration District No. 2199 Registered No. 150

FULL NAME OF CHILD Kay Voyce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	1 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Voyce	FULL MAIDEN NAME	Lulu Bates
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MSJ

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 1-9 1915

E P Oldham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-201-042-689

Amended 1-26-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 26735
Local Reg. No.
Reg. Dist. No. 37

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hansen, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hansen
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Myrtle
b. (Middle): E.
c. (Last): Cowan

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 1, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Guy
b. (Middle): L.
c. (Last): Cowan

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ill.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Grace
b. (Middle):
c. (Last): White

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Arizona

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. W. Clouchek

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 3, 1915

22. REGISTRAR'S SIGNATURE: John L. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

- BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... ON OF VITAL STATISTICS, BOISE, IDAHO.

8-15-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 26735

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cowan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1914 (Date of Event) in Hansen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Myrtle Eleanor Cowan
Child's Date of Birth	Dec. 31, 1914	January 1, 1915

Subscribed and sworn to before me this 26 day of January, 1968

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed Wilbur Ammerman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

365 Filer Ave W

Twin Falls Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 1 copy pd Rec. # 18788

in office 1-26-68 wish to correct full name to Myrtle E. Cowan and date of birth as January 1, 1915 -

Own childs birth certificate gives name of mother as Myrtle Eleanor Cowan. Child Born May 9, 1942, Certificate # 349507. On file with state of Idaho. Viewed by V. S.

Certificate of Baptism, St. Edward Church, Twin Falls, Idaho, baptized June 3, 1917 gives full name as Myrtle Elnor Cowan, born December 31, 1914 at Hansen, Idaho to Guy Livingston Cowan and Grace Francis White - viewed by V.S.

Beneficial Life Insurance Co. Policy, No. 245689, dated November 4, 1943 gives full name of insured as Myrtle E. Cammack, age 29, born January 1, 1915 at Hansen, Idaho - beneficiary is given as Erwin Cammack, husband - viewed by V.S.

Driver's License, State of Idaho, expires 1-1-70 - #518-32-8602 gives full name as Myrtle E. Cammack, born Jan. 1, 1915 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26735

Registration District No. 37 File No. .....

Primary Registration District No. 2085. Registered No. .....

FULL NAME OF CHILD Cowan,

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 12 (Month), 31 (Day), 1914 (Year)

FATHER		MOTHER	
FULL NAME	Guy L. Cowan.	FULL MAIDEN NAME	Grace White.
RESIDENCE	Hansen	RESIDENCE	Hansen, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ari.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed Jan 3 1915 John L. Coughlin Registrar

Registrar

S-Y CO. 24655

JAN 26 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kanawha

City of Kanawha

593-208-031-168

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 26761

Primary Registration District No. 2128 Registered No. .....

FULL NAME OF CHILD ?

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	1 8 1915

FATHER		MOTHER	
FULL NAME	Robt. L. Nickel	FULL MAIDEN NAME	Zanna Johnson
RESIDENCE	Kanawha	RESIDENCE	Kanawha, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Stationary Engineer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 6:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.

(Physician or midwife)

Address Kanawha, Ida.

Given names added from a supplemental report

..... 19.....

Filed 1/8 1915 W. F. McMahan

R-Y CO. 20174

Registrar

Registrar

SEP 2 8 1973

242-101-033-544

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. 26867

Primary Registration District No. 2178

Registered No. 45

FULL NAME OF CHILD Yoshio Kusaka

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Jan 1 1915

FATHER		MOTHER	
FULL NAME	George Kusaka	FULL MAIDEN NAME	Suye Endo
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-14 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-215118

768-106-033-577

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 26868

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male				Jan 6 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorenzo Rowell	Emma Eggerts
RESIDENCE	Sugar	Sugar
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 945-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1-14 19 15 G. G. Cope Registrar

8-Y CO. 24655

JAN 5 1967

SEP 1 1 1974

433-106-033-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 26869

Primary Registration District No. 2178 Registered No. 36

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Twins and	Male Female		Jan 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George McCullough	FULL MAIDEN NAME	Elizabeth Lee
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 50 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1-14 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-206-033-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26870

County of Madison

City of

No. St.

Hospital

Registration District No. 100

File No.

Primary Registration District No. 2178

Registered No. 378

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	Twins	2		1 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo McCullough	FULL MAIDEN NAME	Elizabeth Lee
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	~~Idaho~~ Mt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 1-14 1915

G G Espe

Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-205-033-969

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 26892

Primary Registration District No. 2178 Registered No. 3112

FULL NAME OF CHILD Delphine Grace Steiner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
F			Yes	1 5 15

FATHER

FULL NAME Geo Steiner

RESIDENCE Rexburg Ida

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ut.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Morgenegg

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Switzerland

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-8 19 15 G G Espe
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 13 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 26892

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Steiner (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Delphine Grace Steiner

Subscribed and sworn to before me this 11th day of April, 19 66

E. H. Teamsted

Notary Public, residing at Idaho Falls, Idaho

My commission expires January 7, 1970

(Seal)

Signed Delphine Grace Steiner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 2-8-66. nm

L.D.S. Church Cert. of Blessing, March 7, 1915 agives full name as Delphine Grace Steiner, daughter of George Steiner and Lena Morgenegg, born Jan. 5, 1915 at Rexburg, Idaho.-viwed by V.S.

MAY 20 1966

State of Idaho, Public School Elementary Diploma, May 23, 1929 gives full name as Delphine Grace Steiner - Rexburg, Idaho - viewed by V.S.

433-105-033-855

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26893

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 3

FULL NAME OF CHILD Rulon J. McCulloch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1 5 1915

FATHER		MOTHER	
FULL NAME	Peter McCulloch	FULL MAIDEN NAME	Mabel Hendricks
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-8 1915 G G Espe Registrar

..... Registrar

S-Y CO. 24838

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 14 8 49 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of MADISON }

Certificate No. 26893

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McCulloch (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 5, 1915 (Date of Event) in Rexburg, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by INSURANCE POLICY DISCHARGE PAPER (ARMY) (Bible Record, Insurance Policy, Etc.) prepared on APRIL 13, 1977 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Rulon Josiah McCulloch		
Child's name	Unnamed	Rulon Josiah McCulloch

Subscribed and sworn to before me this 13th day of April 1977

Jean Dreikosen

Notary Public, residing at Hinsdale Mt. 59241

My commission expires May 3, 1979

(Seal)

Signed Rulon J. McCulloch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 266 Hinsdale Mt.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Valley }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1977

Jean Dreikosen

Notary Public, residing at Hinsdale Mt

My commission expires May 3, 1979

(Seal)

Signed Nina M. McCulloch

(Signature of Any Credible Person)

Hinsdale Mt. P.O. Box 266

(Street Address, City, State)

FORM DH 60-155

CL 2/18/77 nm

MAY 10 1977

Honorable discharge from the U.S. Army gives name as Rulon J. McCulloch dated Nov 25, 1945. born Jan 5, 1915 at Rexburg, Idaho. viewed by V. S.

Insurance policy from the Great Northwest Life Insurance Co, Spokane, Washington gives name as Rulon J. McCulloch. policy No. 16930. viewed by V. S.

459-203-002-256

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 26993

Primary Registration District No. 2011 Registered No. 188

FULL NAME OF CHILD Florence Grace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe.		Yes	1 (Month) — 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo C. Meisse	FULL MAIDEN NAME	Ethel Knode
RESIDENCE	Council	RESIDENCE	Council
COLOR	Whi AGE AT LAST BIRTHDAY 40 (Years)	COLOR	Whi AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	O	BIRTHPLACE	O
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1/3/15 19..... Frank E. Brown
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-226-018-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

27001

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. .....

Registered No. 1

FULL NAME OF CHILD EVA MILDRED OLSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	January 26, 1915

	FATHER	MOTHER
FULL NAME	Peter Olson	FULL MAIDEN NAME Nora Statuska
RESIDENCE	Ahsahka Ida	RESIDENCE Ahsahka, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	California	BIRTHPLACE W. Va.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby
Physician
(Physician or Midwife)

Address Orofino, Ida

Filed January 31 1915 J. M. Darby
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Kittitas. }

Certificate No. 27001

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eva Mildred Olsen, (Name on Original Certificate) who (Was Born or Died) on January 26, 1915 (Date of Event)
in Ahsahka, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge, being the mother of said child (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Eva Mildred OLSEN
Eva Mildred Olsen		

Subscribed and sworn to before me this 3rd day of April, 19 45

Notary Public, residing at Cle Elum, Wash.

My commission expires Feb. 24, 1949

(Seal)

Signed Elnora Olsen Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O.Box 53, South Cle Elum, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

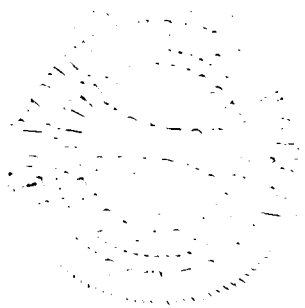
My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

APR 16 1945



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-106-018-386

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Near Cavendish

Registration District No. 90

File No. 27002

No. ..... St.

Primary Registration District No. 2168

Registered No. 2

Hospital .....

FULL NAME OF CHILD Antone Xaver Freichtl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Freichtl	FULL MAIDEN NAME	Maude Thomas
RESIDENCE	near Cavendish	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	Proprietor Saw mill	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kendrick Idaho

Filed Jany 10 1915 J. M. Fairly
Registrar

Registrar

S-Y CO. 20174

235-207-009-291

PLACE OF BIRTH

[redacted]

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

27003

Registration District No. 81

File No. 27003

Primary Registration District No. 2158

Registered No. 25

FULL NAME OF CHILD Delia Alace Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Jan 7 1915

FATHER

FULL NAME: Glen Dayton Stewart

RESIDENCE: Priest River

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Stella Mary Krause

RESIDENCE: Priest River

COLOR: white

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Minn.

OCCUPATION: House wife

Number of child of this mother, including present birth: 3rd

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Dayton McCarty

Physician

(Physician or midwife)

Given names added from a supplemental report

Jan 15 1915

[illegible] Registrar

Address Priest River

Filed Jan 15 1915 E Dayton McCarty Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-128-009-281

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Ida

Registration District No. 81 **File No.** 27004

No. ..... *St.*

Primary Registration District No. 2158 **Registered No.** 26

Hospital .....

FULL NAME OF CHILD John Wesley Wonch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	3d	yes	Jan 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ernest Wonch	FULL MAIDEN NAME	Eva N Shaw
RESIDENCE	Priest Rim Ida	RESIDENCE	Priest Rim Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Croton Newago Co Mich	BIRTHPLACE	Paragould Green County Ark
OCCUPATION	Mill Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 28, 1915 (Born alive or stillborn), at 6 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address .....

Filed Feb 4 1915 E. S. McCarty *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1966

859-227-033-391

Form V. S. No. 41-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

27006

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 19

Hospital

FULL NAME OF CHILD Dorothea Renee Hertzig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 27 1917

	FATHER	MOTHER
FULL NAME	Joseph A. Hertzig	Emma Braunig
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Ut	Germany
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 2-1 1916 G G Espe Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1974

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 3 1 23 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

Certificate No. 27006

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hertzig (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 27, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothea Renee Hertzig

Subscribed and sworn to before me this 1st day of October, 1974

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-8-75
(Seal)

Signed Renee Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October, 1974

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-8-75
(Seal)

Signed Hugh T. Robinson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9/27/74

OCT 2 3 1974

Certif of Membersh p gives name as Dorothea Renee Hertzig ~~child~~ born to Joseph Hertzig and Anna Braining. born Jan. 27, 1915. Was Blessed June 6, 1915 viewed by V. S.

Certif. of Baptism and Confirmation gives ~~no~~ name as Dorothea Renee Hertzig daughter of Joseph H. Hertzig and Anna Branning. Born Jan. 27, 1915 at Rexburg Idaho. Was Baptized Sept. 2, 1923. viewed by V. S.

962-123
033-435

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 27007

Primary Registration District No. 2178 Registered No. 18

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Jan (Month), 23 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ivin O Robinson	FULL MAIDEN NAME	Lerone McEntire
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lyman Ida	BIRTHPLACE	Lyman Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. Jan 23 1915 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs
midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-27 1915 G G Espe
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

343-121
022-299

Amended 10/17/79

PLA[redacted]H

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27008

County of Fremont

City of Teton

Registration District No. 100 File No.

No. , St.

Primary Registration District No. 2178 Registered No. 17

Hospital Home

FULL NAME OF CHILD Charles Alonzo Tuckett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A Tuckett	Eveline Bird
RESIDENCE	Canyon Creek Madison Co	Canyon Creek Madison Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Spring Field Utah	Teton Idaho
OCCUPATION	Farmer	House Keeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary Sorensen

Mid Wife
(Physician or Midwife)

Address Sugar R F D No 1 Box 40

Filed 2-1 1915 G F Cooke
Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 26 2 20 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 27008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Lon Tuckett (Name on Original Certificate) who was born (Was Born or Died) on Jan 21, 1915 (Date of Event)

in Teton, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lon Tuckett	Charles Alonzo Tuckett

Subscribed and sworn to before me this 14th day of September, 1979

Lay W. Ligby

Notary Public, residing at Rexburg, Idaho

My commission expires Life

(Seal)

Signed Brother Glenn Tuckett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Rexburg, Idaho 83440

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1979

Sherry O'Sullivan

Notary Public, residing at Rexburg

My commission expires Life

(Seal)

Signed Lay W. Ligby

(Signature of Any Credible Person)

Rt. 1, Rexburg, Idaho 83440

(Street Address, City, State)

FORM DH 60-155

CL 5-9-77

Marriage License and Certificate from Idaho gives name as Charles Alonzo Tuckett and the bride's name as Lueisa XXX Black dated Sept 23, 1940. viewed by V. S.

OCT 19 1979

Social Security Card #519-01-9948 gives name as Charles Alonzo Tuckett. viewed by V. S.

459-120-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Kilgore

No ....., ... St.

Hospital ——

Registration District No. 100 File No. 27009

Primary Registration District No. 2178 Registered No. 16

FULL NAME OF CHILD Joseph Dale Merrell

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	1		2nd	Yes	1/20/1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie Merrell	FULL MAIDEN NAME	Nettie Broadhead
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Spest Portage Utah	BIRTHPLACE	Aurora Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING [redacted] OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Joseph Dale Merrell Born 1:30 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah J. Wilson alive

Spencer Idaho

([redacted]n or Midwife)

Given names added from a supplemental report

Mrs Sarah Jane Wilson 1915

Spencer Idaho

Registrar

Address

Filed 1-27 1915

G G Espe

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

193-118
033-231

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mo[redacted]

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 27010

Primary Registration District No. 2178 Registered No. 15

FULL NAME OF CHILD David Merlin Archabald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David W. Archibald	FULL MAIDEN NAME	Lillie Stallings
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-1 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 9 1982

291-116-033-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH
Name added 4-27-79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 27011

Primary Registration District No. 2178 Registered No. 14

FULL NAME OF CHILD KEITH BROWN BRAMWELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	1 16 1915

FATHER		MOTHER	
FULL NAME	Adna Bramwell	FULL MAIDEN NAME	Viola Brown
RESIDENCE	Woodrow Ida	RESIDENCE	Woodrow
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn) at 11.40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-1 1915 G G Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 27 10 29 AM '79

State of _____ } ss.
County of _____

Certificate No. 27011
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bramwell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 16, 1915 (Date of Event)

in Rexburg (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Keith Brown Bramwell

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Keith Brown Bramwell
Signature of Applicant
Star Route Box 25 A Roberts Idaho 83444
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1979

Notary Public, Dale Espinoza
Residing at Blackfoot, Idaho
My commission expires Jul
(Seal)

Jay C Bramwell
Supporting Signature
c/o Jay Self Service Drugs
Box 847, Blackfoot Idaho 83221
Street Address, City, State

1 copy pd Rec. # 8304 Correction corresp. 4-17-79 (see enclosed statement.)

Certificate of marriage issued by Bonneville County, Idaho # 186785 gives name of groom as Keith Brown Bramwell age 33, when married on June 19, 1948. Born at Rexburg, Idaho. Married to Marie Christina Watts Fowles.
Viewed by V.S.

Top Farmers of American Association presented an Award of Honor to Keith Brown Bramwell in Recognition of Devoted and Distinguished Service to the American People. issued 1970
Viewed by V.S.

719 - 215 - 033 - 815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 27012

Primary Registration District No. 2178 Registered No. 13

FULL NAME OF CHILD Henrietta Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	1 15 1915

FATHER		MOTHER	
FULL NAME	Timothy Parkinson	FULL MAIDEN NAME	Sarah Hansen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.45 P.M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 2-1 19 15 G G Eske

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 14 10 23 AM '75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27012

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Parkinson (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 15, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Henrietta Parkinson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
April, 1975

Edward C. Hyatt
Notary Public, residing at Burley, Idaho
My commission expires 5-1-78
(Seal)

Signed Jean Archer (sister)
(Signature of Any Credible Person)

1928 Schodde Ave Burley Idaho 83318
(Street Address, City, State)

FORM DH 60-155 CL 1/27/75

Insurance Policy rom Metropolitan Life Insurance Co. gives name as Henretta H. Parkinson. dated Jan. 19, 1920. Policy No. 31443589. viewed by V. S.

JUN 18 1975

Diploma from Madison High School, Rexburg, Idaho gives child's name as Henrietta Parkinson. Dated May 11, 1934. viewed by V. S.

286-115-033-295

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 27013

Primary Registration District No. 2178 Registered No. 12

FULL NAME OF CHILD .....

Sex of Child M | Twin, Triplet or other? ... and Number in order of birth ... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas A Shanks	FULL MAIDEN NAME	Edna Brenner
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1215 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eskelsen

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 2-1 1915 G G Eskelsen Registrar

S-Y CO. 24655

595-215-033-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Madison

City of Archer

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 27014

Primary Registration District No. 2178 Registered No. 11

FULL NAME OF CHILD Eva Mary Niederer

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female	2	yes	Jan. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Emil Niederer	FULL MAIDEN NAME	Mary Ann Briggs
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Archer Idaho

Filed 1-20 1915 G. G. Espe

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 28 9 07 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 27014

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed female Niederer (Name on Original Certificate) who was born (Was Born or Died) on January 15, 1915 (Date of Event) in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Niederer	Eva Mary Niederer

Subscribed and sworn to before me this 21 day of April, 1978

Robert J. Barnes

Notary Public, residing at Lewisville, Idaho

My commission expires May 26, 1981

(Seal)

Signed Ruby G. Aeschbacher (Niederer)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL sent 3/24/78 1 copy paid rec. 19569 (copy sent as is)

Certificate of Blessing from LDS Church gives name as Eva Mary Niederer daughter of Arthur E. Niederer and Mary Briggs. born Jan 15, 1915 at Archer, Idaho. Be Blessed Feb 7, 1915. viewed by V. S.

JUN 14 1978

Marriage license from Idaho gives names as Leonard Jardine and Eva Niederer married May 14, 1942. viewed by V. S.

Graduation certif from LDS General Board of Education gives name as Eva Mary Niederer. born May 7, 1933. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-110-033-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Burton

Registration District No. 100

File No. 27016

No. ..... St.

Primary Registration District No. 2178

Registered No. 9

Hospital .....

FULL NAME OF CHILD Samuel Beardall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	1 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Beardall	FULL MAIDEN NAME	Margaret Hill
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Elk Mountain Wyoming
OCCUPATION	Farmer	OCCUPATION	" "

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-15 1915 G G Espe Registrar

..... Registrar

S-Y CO. 24655

APR 13 1942

389-202
029-636

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 27017

Primary Registration District No. 67 Registered No. 2

FULL NAME OF CHILD Ruth Elizabeth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Jan. 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm M. Chilton	FULL MAIDEN NAME	May Flock
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ind.
OCCUPATION	Cook.	OCCUPATION	H.W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Deary

Filed 1/5 1915 P. C. Faust Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

APR 2 2 1975

252-211-014-842

Amended 12-11-73

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27019

County of Canyon

City of Nampa

No. 8 Miles S St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Lola Irene Kesner.

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth January (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J W Kesner	FULL MAIDEN NAME	Lora Huston
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. W. Kellogg

Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1973

2 9 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 11 3 22 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27019

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lola Irene Kesner (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1914 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Dec. 11, 1914	January 11, 1915

Subscribed and sworn to before me this 9th day of January, 1973

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Roy McCoy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

CALDWELL IDAHO Rt. 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Hospital Record issued by Mercy Medical Center in Nampa, Idaho gives name as Lola Irene Ramsey. Record shows that she was admitted as patient on Oct. 29, 1946 and her age was given as 31 with her birthdate January 11, 1915. John Paul Fink, M. D. Attending Physician.
Viewed by V.S

DEC 12 1973

Baby book issued by family shows date of birth for Lola Irene Kesner as Jan. 11, 1915. Baby's first Christmas is listed as December 25, 1915. Baby book obviosly old.
Viewed by V.S.

238-202-014-312

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon.

City of Nampa.

No. 9 mi S.W. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 27020

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Schaub

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female.	X		X	yes.	Jan. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. W. Shaub.	FULL MAIDEN NAME	Enid Castevens
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lewis A. Kellogg.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

Filed Jan 12 1915 Dr S D Calange Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1969

714-208-014-396

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 27021

No. R.F.D. St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Viola Katherine Padget

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	x	x	Yes	Jan. 8, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. R. Padget	FULL MAIDEN NAME	Hazel Brooks
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

, 19

Filed Jan 17 1915 Dr. S. D. Colonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 27021

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Viola Katherine Padget

Subscribed and sworn to before me this 10th day of May, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed C R Padget
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

FEB 14 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. St.

691-108-014-281

Hospital

Registration District No. 7

File No. 27022

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD George Francis Frasier

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth Jany (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Frasier	FULL MAIDEN NAME	Mary Shand
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

, 19

Filed Jan 17 1915 Pr S D Colonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~HEALTH~~—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

NOV 5 1943
RECEIVED

State of Idaho } ss.
County of Canyon

Certificate No. 27022
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)
for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)
in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Frazier	Fraser
Name	Unnamed	George Francis Fraser

Subscribed and sworn to before me this 4th day of November, 1941.
C. A. Duncan
Notary Public, residing at Nampa, Idaho
My commission expires March 17th 1943
[SEAL]

Signed Mrs. A. G. Fraser
(Signature of parent or attendant if correcting a birth record or attendant, funeral director, informant if correcting a death record; or other credible person.)
R. F. D. #1 Nampa Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 1941.
C. A. Duncan
Notary Public, residing at Nampa, Idaho
My commission expires March 17th 1943
[SEAL]

Signed Mrs Mary Fraser
(Signature of any credible person other than the previous affiant.)
R. F. D. #1 Nampa Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

294-110-014-366

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. St.

Hospital

Registration District No. 7

File No. 127023

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Orville FRED Kimsey

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	✓		✓	yes	Jan. 10, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. P. Kimsey	FULL MAIDEN NAME	LEONORA RELIEF COWLEY Lena Cowley
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Address Nampa, Idaho

Given name added from a supplemental report

..... 19.....

Filed Jan 17 1915 Dr S D Colonge Registrar

Anna Hatfield Deputy Reg

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1942 NOV 27 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Nampa
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 33 months ~~18~~ days 28

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Nampa
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Orville Fred Kimsey

5. Date of Birth of Child (Month, day, year) Jan. 10 - 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred P. Kimsey
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace ..... (City or town) Georgia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonora Relief Cowley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wallsville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 27 years, and that unknown (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonora Relief Kimsey Signature
Rt 3, Box 858, Klamath Falls, Oreg. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL) Grace Hazick Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES JAN. ...

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-121-014-816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

127024

County of Canyon

City of Nampa

No. 7th Ave North

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Chester Earl Danes

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	*		*	yes	Jany 21, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	E. C. Danes	FULL MAIDEN NAME	Bessie Hawk
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

_____, 19__

Filed Jan 30 1915 Dr S D Colonge Registrar

Registrar

Anna Hatfield, Deputy Reg

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1963

266-126-014-791

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27025

County of Canyon

City of Nampa

No. Cor 9ave & 7th St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD William Herbert Bown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Bown	FULL MAIDEN NAME	Ethel Mildred Grant
RESIDENCE	Nampa Ida	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nampa, Ida	BIRTHPLACE	Boston, Mass
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Ross

Physician
(Physician or midwife)

Given names added from a supplemental report.

Feb 4th 1915

Address Nampa, Ida

Filed Jan 30 1915 Dr. S. P. Calange
Registrar

Registrar

Anne Harfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 196

443-[illegible]

PLACE OF BIRTH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 27026

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD James Hanson Duckworth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male					January 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	James Duckworth	FULL MAIDEN NAME	Elizabeth Hanson
Residence (Usual place of abode)	Blackfoot, Idaho	Residence (Usual place of abode)	Blackfoot, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	49	Age at last Birthday (Years)	43
Birthplace (City and State or County)	Preston, England	Birthplace (City and State or County)	Salt Lake City, Utah
Occupation	Businessman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1:30 P. on the date above stated.

(Signature) [signature]

Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Nampa, Idaho

Filed Feb 8 1915 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must [illegible] for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 23 1941

PLACE OF BIRTH

City of Nampa

County of Canyon

443-138-014-815

997-230-014-799

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 27027

No. 204-10th avenue St. North

Primary Registration District No. 1006

Registered No. 1

Hospital no

FULL NAME OF CHILD Beula Jeanette Rigdon

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Jan. 30th, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John B. Rigdon	FULL MAIDEN NAME	Gertrude E. Griffin
RESIDENCE	Nampa. Idaho.	RESIDENCE	Nampa. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa.	BIRTHPLACE	Indiana.
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

Physician (Physician or Midwife)

Address Caldwell. Idaho.

Filed Feb 5 1916 Dr S D Colonge Registrar

Anna Hatfield Deputy Reg

Given names added from a supplemental report

....., 19....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

762-201-014-493

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Cor 7th & 7th St. South

Registration District No. 7

File No. 27028

Primary Registration District No. 1006

Registered No.

Hospital x

FULL NAME OF CHILD x Marguerite Gosvenor

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl	x	x	x	Yes	Feb. 1, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo E Gosvenor	FULL MAIDEN NAME	Sarah Dillman
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

, 19

Filed Feb 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 3 12 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 27028

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Gosvenor (Name on Original Certificate) who was born (Was Born or Died) on February 1, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Marguerite Gosvenor

Subscribed and sworn to before me this 14th day of June 1976

Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

Signed Delma Stega
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 Amity Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

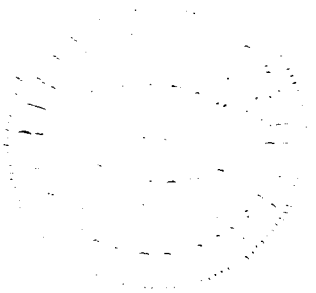
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file #433274 for son born on February 15, 1947 gives her name as Marguerite. -- viewed by VS.

JUN 30 1976

Marriage record issued by County County, Idaho gives name of groom as Marguerite Gosvenor of Nampa, Idaho married to Joe Zarybinsky, Jr.
Married August 6, 1937 by Carl S. Dunn, United Presbyterian Church.
Viewed by V.S



291-103-014-349

PLACE OF BIRTH

County of Canyon

City of Nampa

No. RFD St.

Hospital X

FULL NAME OF CHILD X Clair May Brady

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 27029

Primary Registration District No. 2006 Registered No.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X	X	yes	July 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry B Brady	Lela B Curtis
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given name added from a supplemental report

....., 19.....

.....

Registrar

Filed Feb 10 1915 Dr S D Calvert Registrar

Anna Neufeld Deputy

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

242-104-014-134

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 27030

No. 105 12th Ave. St. North

Primary Registration District No. 1006

Registered No.

Hospital X

FULL NAME OF CHILD X Joe Susaeta

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	X	X	Yes	Feby 4, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jose Manuel Susaeta	FULL MAIDEN NAME	Elvira Aldazabal
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

..... 19....

Filed Feb 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hoefeld Deputy Reg

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Corrected and named
from # 218158
7-14-#2

Rec #15-218158 has been VOIDED DUPLICATE

796-206-014-695

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 6 mi S. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27081

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Edna May Gross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb. 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. L. Gross	FULL MAIDEN NAME	Lana Wine
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

122-108-014-995

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 27032

No. ..... *St.*

Primary Registration District No. 1006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alier Asselin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	Yes.	Feb. 8, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	E. Asselin	FULL MAIDEN NAME	Rose Rivett
RESIDENCE	Nampa Ida	RESIDENCE	Nampa, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. A. Kellogg.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 10 1915 Dr S D Calange
Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
} ss.
County of .....

Certificate No. 27032

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alier Asselin
Sex	Female	Male

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Geo. A. Kellogg

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
} ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 1 1 1942

249-119-030-554

PLACE OF BIRTH

County of Lemhi

City of Carmen Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 41

File No. 27033

Primary Registration District No. 2116

Registered No. 111

FULL NAME OF CHILD James Clinton Smith

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 19 1915

FATHER		MOTHER	
FULL NAME	Clarence Smith	FULL MAIDEN NAME	Minnie Keenan
RESIDENCE	Carmen Creek	RESIDENCE	Carmen Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed FEB -9 1915

F. S. Wright, M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

V CO. 24698

2/6/41 L. B.

[redacted]

253-125-021-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

[redacted] OF IDAHO
VITAL STATISTICS

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. 27034

County of Franklin

City of Minkcreek

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

Registered No. 9

FULL NAME OF CHILD Farren Keller

Sex of Child: male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: Jan. 25 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: Emanuel Keller	FULL MAIDEN NAME: Mildred Bennett
RESIDENCE: Minkcreek, Idaho	RESIDENCE: Minkcreek Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ovid Idaho	BIRTHPLACE: Perry Idaho
OCCUPATION: farmer	OCCUPATION: house wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Keller

Physician (Physician or midwife)

Address Preston Idaho

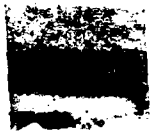
Filed Feb 8 1915 D A K Keller Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655



JAN 26 1961

215-209-027-452

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH Amended Child's First Name 6-12-03 LME

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27035

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 8

FULL NAME OF CHILD Dolores ~~Doloris~~ Jane Sant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. 9, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel L. Sant	FULL MAIDEN NAME	Amy Despain
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Granite Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Feb. 8 1915 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1959

NOV 1 2 1958

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

5-27-03

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____

Certificate No. 15-27035
Date Filed 2-18-1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Deloris Jane Sant (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-9-1915 (Date of Event)

in Clifton (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
First Name of Child	Doloris	Dolores

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Dolores A. Bravo
Residing at 151 W Esperanza Blvd.
My commission expires 4-24-2005
(Seal)

Dolores J Milne
Signature of Applicant
768 Calle Del Embalmo Green Valley
Street Address, City, State
AZ 85614

OFFICIAL SEAL
DOLORES A. BRAVO
NOTARY PUBLIC - ARIZONA
PIMA COUNTY
My Comm. Expires April 24, 2005

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ (Must be completed _____)
County of _____ (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 c c pd

Adoption Order dated 6/11/1926 states child's name as Dolores Jane Sant. Viewed by VS.

Marriage License for Dolores Jane Nicoll married on 12-18-1958. Viewed by VS

Marriage Certificate for Dolores Jane Nicoll dated 12/18/1958. Viewed by VS
State of Arizona Certificate of Death for Amy L. Sanders who died on April 18, 1990 states daughters name as Dolores Milne. Viewed by VS

Certificate of Death for Amy L. Sanders who died on 4-18-1990 in Arizona, states informant as Dolores Milne. Viewed by VS

914-118-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27036

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27

Primary Registration District No. 2119

File No. ____

Registered No. 7

FULL NAME OF CHILD Stephen Lenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Jan. 18 1915

FATHER	MOTHER
FULL NAME: Stephen Luther Radford	FULL MAIDEN NAME: May Lillian Nelson
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: North Carolina	BIRTHPLACE: Riverdale Idaho
OCCUPATION: laborer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Reller

Physician (Physician or midwife)

Address Preston Idaho

Filed Feb 6 19 15 Allen K Reller Registrar

Given names added from a supplemental report.

....19....

.... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-109-021-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

i 27037

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27

Primary Registration District No. 2119

File No. ____

Registered No. 6

FULL NAME OF CHILD Charles Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male			yes	Jan. 9 15 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Earnest Elias Gaymansen	FULL MAIDEN NAME: Dellia Savonia Hatch
RESIDENCE: Preston Idaho	RESIDENCE: Preston Ida ho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Kana[illegible]	BIRTHPLACE: Franklin, Idaho
OCCUPATION: farming	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Allen Rulla

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Feb 8 1915 D. Allen Rulla Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1970

743-210-021-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27038

County of Franklin

City of Preston Idaho.

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 5

FULL NAME OF CHILD Mary Pulsipher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan. 10 1915

FATHER	MOTHER
FULL NAME: Henry E Pulsipher	FULL MAIDEN NAME: Emaline Whitmore
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Avon Utah	BIRTHPLACE: Cottonwood Ida.
OCCUPATION: Tin Smith	OCCUPATION: housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 8 19 15 Dr Allen R Cullen Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165- 201-021-643

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 27039

Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan. 1, 15

FATHER	MOTHER
FULL NAME: Robert Jones	FULL MAIDEN NAME: Ellen Mae Fullmer
RESIDENCE: Preston Idaho.	RESIDENCE: Preston Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Salt Lake Utah.	BIRTHPLACE: Springville Utah.
OCCUPATION: Photographer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician (Physician or midwife)

Address Preston Idaho

Filed Feb. 8 19 15

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-208-021-718

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27040

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 4

FULL NAME OF CHILD Alice Endora

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. 8-15 191.. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. Enoch Nelson	FULL MAIDEN NAME	Tressa May Payton
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cullen

Physivian (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Feb 8 1915 Dr Albert R Cullen Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

434-203021-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ____ St.

Hospital ____

Registration District No. 27

File No. 21041

Primary Registration District No. 2119

Registered No. 2

FULL NAME OF CHILD Erma Melissa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Jan. 3, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George F. Mc Dermit	FULL MAIDEN NAME	Jennie Fisher
RESIDENCE	Clifton Idaho.	RESIDENCE	Clifton Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Clifton Idaho.	BIRTHPLACE	Clifton Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Rutter

Physician (Physician or midwife)

Address Preston Idaho.

Given names added from a supplemental report.

....19....

....
Registrar

Filed Feb. 8 1915 Dr. Allen Rutter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1973

MAR 16 1973

855-124-021-866

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 27042

Registered No. 1

FULL NAME OF CHILD Mary H

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. 24, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Martin Henderson	FULL MAIDEN NAME	Clara Verena Howell
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	C lifton Idaho.	BIRTHPLACE	Clifton Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Feb. 8 1915 D. Allen R. Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-110-021-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 27043

Primary Registration District No. 2119 **Registered No.** 16

FULL NAME OF CHILD Vaughn Winward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 10, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philando Packer	FULL MAIDEN NAME	Veressa Winward
RESIDENCE	Franklin, Idaho.	RESIDENCE	Franklin, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Whitney, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen R Culter Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-123-021-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27044

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 17

FULL NAME OF CHILD Roy Hinkle, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 23, (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy Hinkle	FULL MAIDEN NAME	Elsie Brown
RESIDENCE	Weston, Idaho.	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neosho, Missouri	BIRTHPLACE	Vivuan, Louisana
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boen alive at 2:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen R Culling Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1960

851-122-021-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 27045

Primary Registration District No. 2119 **Registered No.** 18

FULL NAME OF CHILD Woodrow Head

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Head	FULL MAIDEN NAME	Rachel Davis
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Mapleton, Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Lhysician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen R Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-128-021-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Treasureton

No. ..... *St.*

Hospital .....

Registration District No. 27 File No. 27046

Primary Registration District No. 2119 Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 28 1915

FATHER		MOTHER	
FULL NAME	Wm J. Moser	FULL MAIDEN NAME	Elizebeth Taylor
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staters

Physician,
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen R Cutler
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-229-021-133

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

27047

County of Franklin.

City of Weston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 20

FULL NAME OF CHILD Norma Maranda Allen Heusser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Heusser	FULL MAIDEN NAME	Ada Allen
RESIDENCE	Weston, Idaho.	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Draper, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. State

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen R Crittler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1965

MAY 28 1942

686-131-021-768

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 27048

Primary Registration District No. 2119 Registered No. 21

FULL NAME OF CHILD Leo John Fife

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 31 1915

FATHER		MOTHER	
FULL NAME	Luther Fife	FULL MAIDEN NAME	Lanora Johns
RESIDENCE	Weston, Idaho.	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Providence, Utah.	BIRTHPLACE	Soldier, Idaho.
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slade

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/8 1915 D. Allen Cullen Registrar

S-T CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

AUG 31 1965

OCT 1 1945

613-231-021-261

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27049

County of Franklin

City of Whitney

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 22

FULL NAME OF CHILD Clara Wallace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George O. Wallace	FULL MAIDEN NAME	Agnes Swainston
RESIDENCE	Whitney	RESIDENCE	Whitney, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Metcalf Co East Fork Ky	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 2/8 1915 Dr Allen L Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1967

855-202-003-814

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
CE[illegible] BIRTH

County of Bannock

City of Oxford

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 27050

Primary Registration District No. 2119 **Registered No.** 15

FULL NAME OF CHILD Rose Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. 2, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Hendricks	FULL MAIDEN NAME	Annie May Hadley
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Swan Lake Idaho
OCCUPATION	farmer and Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed 2/8 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 23 10 45 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Yakima

Certificate No. 27050

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hendricks (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 2, 1915 (Date of Event)
in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	~~Rose Hendricks~~

Subscribed and sworn to before me this 26th day of April, 1973

Lela B. Woffinden
Notary Public, residing at Sunnyside
My commission expires June 1, 1976.
(Seal)

Signed John Elmer Hendricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1973

Notary Public, residing at Sunnyside.
My commission expires June 1, 1976
(Seal)

Signed Lucy H. Hadden
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/14/73 xx

Rush

North Cache High School from Richmond, Utah gives name as Rose Hendricks. Dated May 12, 1933. Viewed by V. S.

MAY 24 1973

Application to Beneficial Life Insurance Co. for David Howard Last . Lists Rose Hendricks Last as one person who the insurance is proposed. Viewed by V. S.

253-228-093-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Minkcreek

No. ____ St.

Hospital ____

Registration District No. 27 File No. 27051

Primary Registration District No. 2119 Registered No. 14

FULL NAME OF CHILD Velma Christens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan. 28, 1915

FATHER		MOTHER	
FULL NAME	Adam A. Keller	FULL MAIDEN NAME	Alvina Christensen
RESIDENCE	Minkcreek Idaho.	RESIDENCE	Minkcreek Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minkcreek Idaho.
OCCUPATION	farmer and sheep raiser	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adam R Rueltan

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

....19....

....
Registrar

Filed 2/6 19 15 Dr A R Rueltan
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1976

255-229-021-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF [redacted]
BUREAU OF VITA[redacted]ICS

CERTIFICATE

27052

County of Franklin

City of Fairview

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 219

File No. _____

Registered No. 13

FULL NAME OF CHILD MABLE KENT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan. 29 1915

FATHER	MOTHER
FULL NAME: Thomas Jefferson Kent	FULL MAIDEN NAME: Lucy Elvira Bodily
RESIDENCE: Fairview Idaho	RESIDENCE: Fairview Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cullen

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 2/8 19 15 D. A. R. Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2-14-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27052

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1915 (Date of Event)
in Fairview, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Mable Kent

Subscribed and sworn to before me this 14 day of February, 19 66

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Dewayne C Stewart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Marriage Certificate from State of Utah County of Cache gives name of bride as Mable Kent. Married June 29, 1938.
Viewed by V. S.

FEB 14 1966

Ins. Policy issued by Benevicial Life gives name as Mable Kent Weaver, Policy # 66305 Issued Sept. 11, 1926
Viewed by V. S.

318-101-021-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 27053

Primary Registration District No. 2119 **Registered No.** 11

FULL NAME OF CHILD Sanford Emerson Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lee Roy Taylor	FULL MAIDEN NAME	Verna Marler
RESIDENCE	Clifton Idaho.	RESIDENCE	Clifton Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Clifton Idaho.	BIRTHPLACE	Clifton Idaho.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 8:13 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston Idaho.

Filed Feb. 8 1915 [signature] *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-201-021-266

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 27054

Primary Registration District No. 2119 **Registered No.** 12

FULL NAME OF CHILD Vera

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Barfus	FULL MAIDEN NAME	May Bowman.
RESIDENCE	Preston Idaho.	RESIDENCE	Preston Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minkcreek Idaho.	BIRTHPLACE	Richmond Utah ~~Minkcreek Idaho.~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho.

Filed 2/8 1915 D A R Cutler Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

299-105-021-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27055

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 10

FULL NAME OF CHILD Franklin Verner Briscoe Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. 5, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin Verner Briscoe	FULL MAIDEN NAME	ElDora Jane Hansen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mascot Colorado	BIRTHPLACE	Hydepark Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Feb. 8 1915 D. A. R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 3 1944

APR 11 1945

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City Preston
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: Samuel Hansen's Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lava Hot Springs
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lava Hot Springs

4. **FULL NAME OF CHILD** Franklin Verner Briscoe Jr.

5. Date of Birth of Child (Month, day, year) January 5, 1916

6. Sex Male

7. Twin or Triplet No

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 (10)

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Verner Briscoe
11. Color or Race W
12. Age at time of THIS birth almost 25 yrs.
13. Birthplace Mancos (City or town) Colorado (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eldora Jane Hansen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hyde Park (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife (Farmer)
21. Industry or Business 4 "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 (Fifty three) years of age, that I have known this person for 28 (Twenty-eight) years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. V. Briscoe Signature

R.F.D. #1 N. Pocatello, Idaho P. O. Address

JAN 29 1973

Subscribed and sworn to before me this 20 day of Dec 1942

(SEAL)

E. P. Brennan, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1964 by ____ Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premices.

993-113-002-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St. ..

Hospital .....

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27057

Registration District No. 4 File No. .....

Primary Registration District No. 30 11 Registered No. 191

FULL NAME OF CHILD Floyd Edison Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Richardson	Jessie McMillan
RESIDENCE	Council	Council
COLOR / AGE AT LAST BIRTHDAY (Years)	White 42	White 33
BIRTHPLACE	Maine	Kan
OCCUPATION	Farmer	H W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:10 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank V Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

..... Registrar Filed 1—14 1915 Frank V Brown Registrar

S-Y CO. 24698

795-115-002-799

Form V. S. No. 11-C. Com-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 27058

Primary Registration District No. 2011 Registered No. 192

FULL NAME OF CHILD Everett Charles. Greene.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) — 15 (Day) — 1915 (Year)

FATHER		MOTHER	
FULL NAME	C G Greene	FULL MAIDEN NAME	Aletha Prideaux
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 30 p M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1-15 1915 Frank E Brown
Registrar

Registrar

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1955

281-221-002-281

PLACE OF BIRTH Amende 11/25/74

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 27059

Primary Registration District No. 2011 Registered No. 193

FULL NAME OF CHILD Aletha Geraldine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fr.		yes	1 (Month) — 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Amos G. Shaw	FULL MAIDEN NAME	Maggie Shaw
RESIDENCE	Council	RESIDENCE	Council
COLOR	White AGE AT LAST BIRTHDAY 20 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amos G Shaw

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-21 1915 Frank E Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
OCT 11 10 26 AM '74
BUREAU OF VITAL STATISTICS

State of Oregon
County of Lincoln } ss.

Certificate No. 27059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Altha G (Name on Original Certificate) who Born (Was Born or Died) on January 31, 1915 (Date of Event)
in Council Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal record (Bible Record, Insurance Policy, Etc.) prepared on January 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Altha G.	Aletha Geraldine Shaw

Subscribed and sworn to before me this 11
day of July, 1953.
Loretta L Anderson
Notary Public, residing at Newport, Oregon
My commission expires May 24, 1957
(Seal)

Signed Maggie Howe (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Yacona Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Lincoln } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of July, 1953.
Loretta L Anderson
Notary Public, residing at Newport Oregon
My commission expires May 24, 1957
(Seal)

Signed Mrs Ed Austin
(Signature of Any Credible Person Other Than Previous Year)
Grandmother
(Street Address, City, State)
315 N.W. Agnew St.
Newport, Oregon

Application for insurance with Mutual Life Ins. gives name as Aletha G. Twidt. dated May 11, 1936. born Jan. 21, 1915. viewed by V. S. NOV 26 1974

Decree of Adoption for Vernon Gerald Twidt dated Mar. 7, 1946. gives the maiden name of the petitioner's name as Geraldine Aletha Shaw.. viewed by V. S.

735-101-002-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Adams

City of Fruitvale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27060

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 195

FULL NAME OF CHILD Jacob Glenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 1 1918

FATHER		MOTHER	
FULL NAME	Thos. J. Glenn	FULL MAIDEN NAME	Amanda E. Faulkner
RESIDENCE	Fruitvale	RESIDENCE	"
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8-a M
(Born alive or stillborn)
on the date above stated.

(Signature) Thos. J. Glenn
M.D.
(Physician or midwife)

Address .....

Filed 2-10-1918 Frank E. Brown
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

B-Y CO. 24695

SEP 19 1962

295-205-025-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 105 3 File No. 27063

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Mae Sink

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	2	Yes	Jan 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Sink	Mae Sandson
RESIDENCE	Ferdinand	Ferdinand
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Ind	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Russell Truitt

(Physician or Midwife)

Address Ferdinand Ida

Filed Jany 8 1915 W B Blake Registrar

6-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 30 1971

235-108-025-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4 27064

County of Idaho

City of Cottonwood

Registration District No. 105 File No.

No. St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD Howard Joseph ~~Joseph Howard~~ Bledsoe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	January 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. N. Bledsoe	FULL MAIDEN NAME	Ida Williams
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

19

Filed January 15 1915

H B Blake
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1942

213-113-025-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kenteroville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27065

Registration District No. 105 File No. .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Clarence Edward Saloman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	January 13 1915

FATHER		MOTHER	
FULL NAME	George Saloman	FULL MAIDEN NAME	Ida May Williams
RESIDENCE	Kenteroville Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Col.
OCCUPATION	Laboring	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Kenteroville Idaho

Given names added from a supplemental report.

..... 19.....

Clarence Edward

Registrar

Filed Jany 20 19 15 H B Blake

Registrar

8-Y CO. 24655

OCT 10 1941

219-114-025-483

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6 27066

Registration District No. 105 File No. .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Allen Karnes.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garvey Allen Karnes	FULL MAIDEN NAME	Katherine Uhling
RESIDENCE	Kenterville Ida.	RESIDENCE	Kenterville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Cold Springs Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Jany 20 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-120-025-295

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27067

County of Idaho

City of Cottonwood

Registration District No. 105 File No.

No. St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD John Jacob Walser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franz Joseph Walser	FULL MAIDEN NAME	Mary Liebenkos
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ronkwsil Austria	BIRTHPLACE	Waterloo Iowa
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed Jany 25 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-218-025-691

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 105

File No. 8 27068

No. ....., ... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD (Naomi) Naomi Ruth Goodall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 18 1915

FATHER		MOTHER	
FULL NAME	John W Goodall	FULL MAIDEN NAME	Sarah Hettie Franklin
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed Jany 26 1915 H W Blake Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

499-220-025-399

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 9 27069

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Yvonne Virginia Mertes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	1 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Mertes	FULL MAIDEN NAME	Gertrude Tuhor
RESIDENCE	Vulcan, Alberta Canada	RESIDENCE	Vulcan Alberta Canada
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shimnick M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho.

Filed Jany 26 1915 H B Blair
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-221-025-669

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 10 27070

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Mary Amelie Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	January 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Jensen	FULL MAIDEN NAME	Katie Forsmann
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	4-3	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 25 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

(Signature) J. W. Turner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Jany 30 1915 H. M. Bohnke Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1905

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DECEASED 10-6-03
ID
03-743

866-203-008-268

Form V. S. No. 11

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27071

County of Boise

City of Arrowrock

~~No.~~ Deer Creek St.

Hospital

Registration District No. 11

File No.

Primary Registration District No. 2131

Registered No.

FULL NAME OF CHILD Minnie Luisa Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Beverley Howell	FULL MAIDEN NAME	Ellie Jane Bohannon
RESIDENCE	Arrowrock, Ida	RESIDENCE	Arrowrock, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Oklahoma
OCCUPATION	Hoisting Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James P Kerby MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Arrowrock, Ida

Filed Jan 1915

Registrar

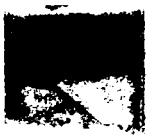
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



258-223-006-238

Form V. S. No. 11-O—20m-2-15-12

27072

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]ACE OF BIRTH

Bingham

Aberdeen Springfield

Registration District No. 116 File No. 2

No. St.

Primary Registration District No. 2195 Registered No. 78

Hospital

FULL NAME OF CHILD Hortense Berg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hosea Berg	FULL MAIDEN NAME	Ludwig Schaar
RESIDENCE	Aber Springfield, Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Aberdeen Ida

Filed Jan 23 1915 McMacKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and th[illegible] of each, in order of birth stated.

APR 27 1943

713-207-006-395

Form V. S. No. 11-C-[illegible]-15-12

27073

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 77

FULL NAME OF CHILD Elizabeth Neville Palmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Palmer	FULL MAIDEN NAME	Marion Livingstone
RESIDENCE	Blackfoot Ida	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 ~~00~~ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmark Kinney M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed Jan 7 1915 McCmark Kinney Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 21073

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Elizabeth Neville Palmer

Subscribed and sworn to before me this 6th
day of April, 19 46
Theodore H. Gathe Jr.
Notary Public, residing at Pocatello
My commission expires Feb. 15, 1946
(Seal)

Signed Marion Palmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of _____, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 11 1944

445 - 203 - 006 - 249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27074

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 2

No. ..... St.

Primary Registration District No. 2195 Registered No. 76

Hospital .....

FULL NAME OF CHILD Ruth Munter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and, Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Jan 3 1913

FATHER		MOTHER	
FULL NAME	Charles Munter	FULL MAIDEN NAME	Stella Smith
RESIDENCE	Aberdeen Ida.	RESIDENCE	Aberdeen Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 3 19 13 H. C. MacKinnon

..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-102-006-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27075

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 75

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Jan 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nels Charles Lundquist	FULL MAIDEN NAME	Caroline Larsen
RESIDENCE	Yuma Ida	RESIDENCE	Yuma Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Tenth Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 1 Aberdeen Ida

Filed Jan 2 1915 M. C. Mackinnon

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-113-004-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

27080

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

Registration District No ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 13, 1915

FATHER		MOTHER	
FULL NAME	Walter Henry Tippets	FULL MAIDEN NAME	Myrtle Helen Larsen
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Perry, Utah	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Georgetown, Idaho

Jan 15 1915

Marion Clark Registrar

Filed Jan 19 15 Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

NAME

BIRTHPLACE

RESIDENCE

763-215
014-299

PLACE OF BIRTH [redacted]

Amended 3/7/77

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

27088

County of Camp[redacted]

City of Nampa - Rural

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Hazel Allene Potter.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	other		1st	yes	Jan (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James M. Potter	FULL MAIDEN NAME	Ada May Kircher
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	No.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 5:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
Physician
(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

_____ Registrar

Address Caldwell Ida.

Filed 1-16- 1915 John P. Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 13 1942

[redacted]

DECEASED

12/29/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 27088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Hazel Allen Potter (Name on Original Certificate) who was born (Was Born or Died) on Jan. 15, 1915 (Date of Event)
in Nampa (rural) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Hazel Allen Potter	Hazel Allene Potter

Subscribed and sworn to before me this 12th day of February, 1976

Notary Public, residing at Nampa, Idaho

My commission expires 4-28-77

(Seal)

Signed Joanne Dickson Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Entry in Family Bible (which is obviously old) gives name as Hazel Allene Potter born 1/15/15.

MAR 7 1977

Continental Life Insurance Policy issued 3/1/62 gives name as Hazel Allene Shafer (married name.)

236-218-004-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH [redacted]

STATE OF IDAHO [redacted] o, 11-C—10m-8-

Bureau of Vital Statistic[redacted]

CERTIFICATE OF BIRT[redacted] 27089

County of Bear Lake

City of Georgetown

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruth Stoddard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Jan. (Month) 18 (Day) 19[redacted]

FATHER		MOTHER	
FULL NAME	Delbert Chase Stoddard	FULL MAIDEN NAME	Harriet Althea Bee
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Bloomington, Ida[redacted]
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

Jan 22, 1915

Address Georgetown Idaho.

Marion C Clark Registrar

Filed Jan 1915 Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUL 3 0 19[illegible]

415-219-035-381

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27090

County of Nezperce

City of Rewbens, Ida.

Registration District No. 92 File No. 3

No. ..... St.

Primary Registration District No. 2170. Registered No. 3

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan 19th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul C. Davis.	FULL MAIDEN NAME	Bertha M. Chambers.
RESIDENCE	Rewbens, Idaho.	RESIDENCE	Rewbens Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gifford, Idaho.

Filed 1-31 1915 E. E. Watts
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 1 3 1974

263-128-035-269

Form V. S. No. 11-C—25m-1-1918

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27091

County of Nezperce

City of Gifford, Ida.

No. ..... St.

Hospital .....

Registration District No. 92

File No. 3

Primary Registration District No. 2170

Registered No. 4

FULL NAME OF CHILD Charles Clinton Kollenborne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Jan 28th 1910 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles C. Kollenborne	FULL MAIDEN NAME	Dallie Swift
RESIDENCE	Gifford, Ida.	RESIDENCE	Gifford Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	House Hope

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. J. Farrington M.D.

..... (Physician or midwife)

Address Gifford Idaho.

Filed 1-31 1910 E. E. Watts Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
FEB 24 11 17 PM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of .....
County of .....

Certificate No. 27091
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Unnamed Kollenborn (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1915 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charles Clinton Kollenborn

Subscribed and sworn to before me this 13 day of February, 19 74
Kate Moore
Notary Public, residing at Issaquah
My commission expires June 8, 1976
(Seal)

Signed Beulah Cate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
.....
(Street Address, City, State)

FORM DH 60-155 CL 1/29/74 nm

Request for Statement of Earnings gives name as Charles Clinton Collenborns. social Security no. 517-16-1143. born 1-26-15. Viewed by V. S. APR 25 1974

Applicaton for Federal Employment (shortform) gives name as Charles Clinton Collenborns. born 1-26-15. in Gifford, Idaho. dated April 3, ~~1958~~ 1958. Viewed by V. S.

855-116-035-395

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 27092

Primary Registration District No. 2170. Registered No. 3

FULL NAME OF CHILD Louis Heese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	S	X	yes	Jan 16 1915

FATHER	MOTHER
FULL NAME: Chris Heese	FULL MAIDEN NAME: Lydia Linderman
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) E.E.Watts

Gifford (Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/16 19 15 E.E.Watts Registrar

R-Y CO. 20174

997 - 222
935 - 859

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27093
3

County of Nez. Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

File No. .....

Primary Registration District No. 2170

Registered No. 2

FULL NAME OF CHILD EDNA FRIEDA MARIE RIGGERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	S	X	yes	1/ 22 / 191 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dietrich Riggers	Emma Heitman
RESIDENCE	Gifford	Gifford
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	25 (Years)
BIRTHPLACE	Germany	Germany
OCCUPATION	Mill Operator	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 7.P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

Gifford
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/23/ 19 15

E.E.Watts.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 27093

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Etna F. (Name on Original Certificate) who born (Was Born or Died) on Jan. 22, 1915 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on Feb. 20, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Etna F.	Edna Frieda Marie Riggers
Date	Jan. 23rd	January 22, 1915

Subscribed and sworn to before me this 29th
day of June, 1942.

Notary Public, residing at Lenore Ida

My commission expires Nov. 18, 1942
(Seal)

Signed Emma Riggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gifford Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3

769-224-029-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27095

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. 63 File No. .....

Primary Registration District No. 2143 Registered No. 58

FULL NAME OF CHILD Sydna Essie Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Jan 14 1915

FATHER

FULL NAME: Carl Porter

RESIDENCE: Juliaetta Ida

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Wash

OCCUPATION: Cashier Bank

MOTHER

FULL MAIDEN NAME: Essie DeBolt

RESIDENCE: Juliaetta Ida

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Ida

OCCUPATION: housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or midwife)

Address Kendrick Ida

Filed Jan 24 19 15 J E Hoyt

Registrar

Given names added from a supplemental report.

..... 19...

..... Registrar

S-Y CO. 24685

JAN 26 1954

893-119-029-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 27096

Primary Registration District No. 2143 Registered No. 57

FULL NAME OF CHILD John Henry Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry M Hill	FULL MAIDEN NAME	Martha Robinett
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2,30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Jan 20 1915 J E Hoyt
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

942-215-029-695

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 27097

Primary Registration District No. 2143 Registered No. 56

FULL NAME OF CHILD Ruth Naomi Ruberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Ruberg	FULL MAIDEN NAME	Mary Alia French
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed Jan 15 1915 J E Hoyt
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 - 1953

493-118-025-957

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 ' File No. 27098

Primary Registration District No. 2143 Registered No. 55-

FULL NAME OF CHILD Francis Marion Mitchell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Jan 18 1915

FATHER

FULL NAME Francis Marion Mitchell

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Neb

OCCUPATION photographer

MOTHER

FULL MAIDEN NAME Amy Ingwerson

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boon alive (Born alive or stillborn) at 7 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E Hoyt MD

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 19 19 15 J E Hoyt

Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 c.c. 5/28/41. w.h.

855-115-044-855

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 27166

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Hinkley	FULL MAIDEN NAME	Mary Hinkley
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Schmitz

M.D.

(Physician or midwife)

Address Cambridge Idaho

Filed Jan. 14 1915 C E Schmitz Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-108-003-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Hatch

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27197

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 21

FULL NAME OF CHILD DeVerrall Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Jan 8 1915

FATHER		MOTHER	
FULL NAME	William J. Brown	FULL MAIDEN NAME	Sarah A. Redford
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. J. Smith

(Physician or midwife)

Address Bancroft, Ida

Filed Jan 19 15

Registrar

S-Y CO. 24653

753-201-003-168

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock.

City of Swan Lake

No. ....., ... St.

Hospital .....

Registration District No 11 File No. 27199

Primary Registration District No. 2046 Registered No. 19

FULL NAME OF CHILD Mildred Petty.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	1 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. D. Petty.	FULL MAIDEN NAME	Emma Louise Johnson
RESIDENCE	Swan Lake Idaho.	RESIDENCE	Swan Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	28. (Years)
BIRTHPLACE	Oxford. Idaho.	BIRTHPLACE	Preston Idaho.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall.
Midwife.
(Physician or Midwife)

Given names added from a supplemental report

~~Jan 1st~~ 1915

Address Oxford Idaho.

Elis Kacey
Registrar

Filed Jan 19 1915 Elis Kacey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

159-201-039-692

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Neeley via

No. am Falls St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 27235

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ida Ruth Jerke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	1 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fredrich Jerke	FULL MAIDEN NAME	Dora Fisher
RESIDENCE	Neeley Idaho	RESIDENCE	Neeley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	McIntosh Co N. Dakota	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta E. Grayot

Midwife
(Physician or midwife)

Address Neeley Idaho

Given names added from a supplemental report.

_____ 19__

Filed 1/10 1915 Rt. North Univ.
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1976

OCT 14 1942

319-213-024-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27301

Registration District No. 10 24 File No. .....

Primary Registration District No. 2024 Registered No. .....

FULL NAME OF CHILD Baby Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Salem Carpenter	FULL MAIDEN NAME	Emily Peck
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 1915

F. T. Cary M.D. Registrar

Filed Jan 13 1915 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1968

219-206-010-434

PLACE OF BIRTH amended 8/5/80

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 27636

No. ..... St.

Primary Registration District No. 2150 Registered No. 35-2

Hospital .....

FULL NAME OF CHILD Martha V. Barker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec - 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Barker	FULL MAIDEN NAME	Mary McDonald
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - Dec-6-14 at 6 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed Jan 17 1915 [signature]

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-64

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 10 1965
Bureau of Vital Statistics

State of Washington
County of Spokane

Certificate No. 27636

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Barker (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1914 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by attendance at time of birth (sister) prepared on December 6, 1915 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Martha Vinitia Barker
Date of birth	Dec. 6, 1914	Dec. 6, 1915

Subscribed and sworn to before me this 10th day of September, 19 65

Notary Public, residing at Spokane

My commission expires March 17, 1967 (Seal)

Signed Laura Barker Marsh (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 152, Lincoln, Montana (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of September, 19 65

Notary Public, residing at Spokane

My commission expires March 17, 1967 (Seal)

Signed Harry E. Marsh (Signature of Any Credible Person)

Box 152, Lincoln, Montana (Street Address, City, State)

FORM DH 69-155

1 cp pd rec = 959

Statement from Spokane Public Schools, Spokane, Washington, concerning the School Record of Martha Barker, born Dec. 6, 1915, parents name is given as Mary Barker, attended Lincoln School, Lincoln School Census for May 1, 1924. - statement written by William C. Sorenson, Supt. of Schools, June 22, 1965. - viewed by V.S.

AUG 5 1980

Certifof Registration for Voting giver name as Martha V. Frounfelter was a registered voter in Ermina, Precint of the City of Spokane, Was on Oct 19, 1940. dted Feb 8, 1967. viewed by V. S.

Transcript from Sacred Heart School of Nursing, Spokane, Washington gives name as Martha Barker born Dec 6, 1915. dated 1939. viewed by VS

552-2011 009-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27678

County of Bonner

City of Sandpoint — Registration District No. 78 — File No.

No. ____ St.

Primary Registration District No. 2155 — Registered No. 730

Hospital ____

FULL NAME OF CHILD Sarah Elisabeth Nesbett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 1 1915

FATHER		MOTHER	
FULL NAME	Merrill Nesbett	FULL MAIDEN NAME	Grace Nelson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Feb 8 1915 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

[redacted]

842-202-009-264

PLACE OF BIRTH

F... V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27679

County of Bonners,

City of Eastport

Registration District No. 78 File No.

No. , St.

Primary Registration District No. 2155 Registered No. 731

Hospital

FULL NAME OF CHILD Phyllis M. [redacted] Hubbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 — 2 —, 1915

FATHER		MOTHER	
FULL NAME	Cline Arel Hubbell	FULL MAIDEN NAME	Louisa Bonners
RESIDENCE	Eastport Ida.	RESIDENCE	Eastport, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Lanesboro Minnesota.	BIRTHPLACE	Hastings, Minn.
OCCUPATION	Telegraph Operator.	OCCUPATION	Music Teacher.

Number of child of this mother, including present birth 7th. Number of children, of this mother, now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Slamberg

(Physician or Midwife)

Address

Given names added from a supplemental report

, 19

Registrar

Filed Feb 8 1915 M McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bonners }

Certificate No. 27679

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Phyllis Marian Hubbell (Name on Original Certificate) who (Was Born or Died) on 1/2/15 (Date of Event) in Eastport - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mrs. B.F. Kniens (Bible Record, Insurance Policy, Etc.) prepared on 10/8/43 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Phyllis Myrtle	Phyllis M. Hubbell

(Our record shows Phyllis Myrtle. Do you wish it left this way, or as above?)

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. B F Kniens,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 22 1943

445-110-009-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 27680

No. ..... St.

Primary Registration District No. 2155

Registered No. 732

Hospital .....

FULL NAME OF CHILD John Francis Dunnigan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Dunnigan	FULL MAIDEN NAME	Mary Burke
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Ida

Filed Feb 8 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434112-009553

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27681

County of Bonner

City of Colburn

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 733

Hospital

FULL NAME OF CHILD Daniel Nelson McDonald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mat McDonald	FULL MAIDEN NAME	Sadie P Nelson
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sand Point Ida

Filed Feb 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394.212.09.892

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai — Registration District No. 78 — File No. 27682

No. ____ St. — Primary Registration District No. 2135 — Registered No. 734

Hospital ____

FULL NAME OF CHILD Beatrice Lucile Simblin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	1 — 12 — 1915

FATHER		MOTHER	
FULL NAME	Ray D. Simblin	FULL MAIDEN NAME	Flora Hibard
RESIDENCE	Kootenai Idaho.	RESIDENCE	Kootenai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report. ____ 19____

Filed Feb 1 1913 M McKinnon Registrar

____ Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-41

SEP 4

819-214-009-319

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27683

County of Bonner

City of Kootenai

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 735

FULL NAME OF CHILD Ruth Loraine Harris

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Jan. (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest E. Harris (Harris)	FULL MAIDEN NAME	Halliene M. Carter
RESIDENCE	Kootenai	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Brakeman	OCCUPATION	Housewife - Music teacher

Number of child of this mother, including present birth ...1...

Number of children, of this mother, now living, including present birth ...1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Feb 8 1915 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-216-009-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27684

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2135 Registered No. 736

Hospital

FULL NAME OF CHILD Evelyn Marion Case

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	Jan 16 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A Vestor Lease	FULL MAIDEN NAME	Clara E. Durdy
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	AGE AT LAST BIRTHDAY (Years)	60
BIRTHPLACE	Ontario	BIRTHPLACE	Mo
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 7 9 1 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R V Isaacson

(Physician or ~~midwife~~)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 8 1915 M M C Kinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

365-1171009-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27685

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 737

FULL NAME OF CHILD Robert E. Lee Conner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 17 1915

FATHER		MOTHER	
FULL NAME	C B Conner	FULL MAIDEN NAME	Irene Grayson
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M McKinnon

..... (Physician or midwife)

Address Sandpoint Ida

Filed Feb 8 1915 M McKinnon Registrar

8-Y CO. 24655

c.c. 5/6/41. w.h.

AFFIDAVIT

STATE OF WASHINGTON)
: ss.
COUNTY OF CHELAN)

C. B. CONNER, of lawful age, being first duly sworn on oath, deposes and says: That he is a resident of Chelan County, Washington, that he is the husband of Irene Grayson Conner and was such on the 17th day of January, 1915, at which time in the town of Sandpoint, Idaho, was born unto Irene Grayson Conner a male child named Robert E. Lee Conner. That the mother's true name is not Grayse, but is Grayson.

C B Conner

Subscribed and sworn to before me this 4 day of APRIL, 1941.

Notary Public in and for the
State of Washington, residing
at Wenatchee.

AUG 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-128-009-552

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27686

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 738

Hospital

FULL NAME OF CHILD Earl Wilbur Yaryan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fay Yaryan	FULL MAIDEN NAME	Fanny Vestal
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:20 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Feb 8 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24685

243.131.009.763

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. Sandpoint St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 27687

Primary Registration District No. 2133 Registered No. 739

FULL NAME OF CHILD Eugene Elwood Bullock

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Eugene Bullock	Beatrice Delila Polley
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Ada, Minn	Aitkin, Minn
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Backhouse

MD (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed Feb 8 1915 M McKinnon Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1953

386-131-009. 666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27688

County of Bonner

City of Sagle Ida Registration District No. 78 File No.

No. St. Primary Registration District No. 2135 Registered No. 780

Hospital

FULL NAME OF CHILD James Andrews Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 31 1913

FATHER		MOTHER	
FULL NAME	Fredrick Thompson	FULL MAIDEN NAME	Myrtle Wood
RESIDENCE	Sagle Ida	RESIDENCE	Sagle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 12 [redacted] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McPherson

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb 8 1915 M. McPherson

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-216-033-751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27692

County of Madison

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vernie Doris Holmes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Jan (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Holmes	FULL MAIDEN NAME	Ethlen Peacock
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Mrgr Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address D. Cogg

Filed 1-31- 1915 C. B. Merrington Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1967

869-103-033-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27693

County of Madison

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Clyde Hanop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hanop	FULL MAIDEN NAME	May Miller
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs

Filed 1 31 1915

A. C. Cherrington Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 6 1976

255-108-033-543

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 27694

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Claud Noah Beesley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Adelbert ~~Bert~~ Beesley	FULL MAIDEN NAME	Sergia Edlefsen
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Leigh, Idaho
OCCUPATION	Barber	OCCUPATION	At home of mother

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs

Filed 1-31- 19__ [illegible] Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 3/21/41 RMF

866-112-033-293

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Cache

No. _____ St.

Hospital _____

Registration District No. _____ File No. 27695

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Dan Bickmore Hoopes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Jan. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John C Hoopes	FULL MAIDEN NAME	Ivy Bickmore
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Dayton Ida

Filed 1 3 C. C. Merrington Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1962

445-209-033-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27696

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gladys Marie Duval

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Jan (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas Duval	FULL MAIDEN NAME	Kitty Woolverton
RESIDENCE	Arthur Nev.	RESIDENCE	Arthur Nevada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed 1 31 1915 C. C. Merrington Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27696

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Duval (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 9, 1915 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Gladys Marie Duval

Subscribed and sworn to before me this 5th day of
July, 1973

J. Florence Courtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Rev L. Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file in Idaho (#412931) gives mother's name as Gladys Marie Duvall. Viewed by V. S.

JUL 5 1973

Social Security card (542 46 8813) gives name as Gladys M. Davis. Viewed by V. S.

619-205-042-133

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27698

County of Buhl Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39

File No. _____

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD Grace Eleanor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claved Warner	FULL MAIDEN NAME	Beatrice Allen
RESIDENCE	1 1/2 E Buhl	RESIDENCE	1 1/2 E Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Leicestershire Eng	BIRTHPLACE	Leicestershire Eng
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 1-16 1915 J. H. Murphy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915 107 [illegible]

PLACE OF BIRTH

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[illegible]

Form [illegible] 20m-2-15-12

City of Buhl

Registration District No. 39

File No. 27699

No. ..... St.

Primary Registration District No. 2081

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alfred Edward Rand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morilla A. Rand	FULL MAIDEN NAME	Marion Whitney
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	VT	BIRTHPLACE	VT
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida.

Filed 1-15 1915

J. [illegible]
Registrar

Registrar

S-Y CO. 20174

JUN 1 6 194[illegible]

MAY 17 1957

295-113-042-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27700

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Harold Grant Kinter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Owen Kinter	FULL MAIDEN NAME	Dell, Reed,
RESIDENCE	2 E 2 1/2 N. Buhl	RESIDENCE	2 E - 2 1/2 N. Buhl
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	North Platt Neb	BIRTHPLACE	North Yakima Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

_____ 19__

Filed 1-16 1915 J. H. Murphy Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1942

967-214-042-149

Form V. S. No. 11-C—[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27701

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Bernice Rogers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred R Rogers	FULL MAIDEN NAME	Hazel Amidon
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mich.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuber

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Buhl Ida.

Filed 1-15 1915 J. T. Murphy Registrar

S-Y CO. 20174

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466216 042-168

Amended 2/7/79

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27702

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Dorothy Helen Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W T Moore	FULL MAIDEN NAME	Alta Johnson
RESIDENCE	1 3/4 S Buhl	RESIDENCE	1 3/4 S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bement Ill	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 1-16 1915 J. [illegible]
Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
SEP 1 8 29 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 27702

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moore (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 16, 1915 (Date of Event)
in Buhl, Idaho (Twin Falls,) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy Helen Moore

Subscribed and sworn to before me this 11 day of
OCTOBER, 19 77.
EDITH JENSEN
Notary Public, residing at RIVERSIDE COUNTY
My commission expires 01-13-81
(Seal)

Signed Edith Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6570 MAGNOLIA AVE., RIVERSIDE, CA. 91506
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. Chapter 139, 1937 Idaho Session Laws.)]

State of CALIFORNIA
County of RIVERSIDE

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
OCTOBER, 19 77.
EMMA M. NESLUND
Notary Public, residing at RIVERSIDE COUNTY
My commission expires 01-13-81
(Seal)

OFFICIAL SEAL
MARCELLA T. PARKER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan. 13, 1981

Signed Emma M Neslund
(Signature of Any Credible Person)

6570 MAGNOLIA AVE., RIVERSIDE CA. 91506
(Street Address, City, State)

FORM DH 60-155

MARCELLA T. PARKER
CL 8/4/77

Certif of Marriage from California gives nameas Ernest James Stevens and Dorothy Helen Moore. dated Feb 12, 1941. viewed by V. S.

FEB 7 1979

Registered Nurse Certificate from California gives name as Dorothy Helen moore. dated Sept 20, 1939. viewed by V. S.

693-218-042-585

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 27703

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lillie Laurene Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan (Month) 18 (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Wilson	FULL MAIDEN NAME	Emma Francis Nye
RESIDENCE	4 S 1/4 W. Buhl	RESIDENCE	4 S 1/4 W Buhl
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Lancaster Co Neb.	BIRTHPLACE	Thomas Co, Kan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McCluskey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 1-20 1915 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 2 1943

651.218.042281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 34 File No. 27704

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Agnes Elsie Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert D. Weaver	FULL MAIDEN NAME	Orpha E. Shaw
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Address Buhl Ida.

Filed 1-25 1915 J. H. Murphy Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1950

318-119-042-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 34 **File No.** 27705

No. ..... *St.*

Primary Registration District No. 7087 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Oliver Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. A. Taylor	FULL MAIDEN NAME	Nellie G. Blaylock
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welterbee

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida.

Filed 1-25 1915 J. F. Murphy
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-222-042-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27706

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** .....

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 22 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	John Wm Campbell	FULL MAIDEN NAME	Lae Ella Crown
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Okl.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Buhl Idaho

Filed 1-25 1915 J. H. Murphy Registrar

S-Y CO. 24655

Dup of 1915 D67-510

867-227-042-556

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 27707

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Lucy Ella Hopkins

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 1 (Month) - 27 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	E. J. Hopkins	**FULL MAIDEN NAME**	Emily Newman
RESIDENCE	Buhl	**RESIDENCE**	Same
COLOR	W. **AGE AT LAST BIRTHDAY** 24 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 18 (Years)
BIRTHPLACE	Ida.	**BIRTHPLACE**	Ida
OCCUPATION	Laborer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 9.20 P. M **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Buhl.

Filed 1-30 1915 J. H. Murphy *Registrar*

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1946

291.204.031.913

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50 File No. 27708

Primary Registration District No. 2129 Registered No. 75

FULL NAME OF CHILD Ida May Bramblett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) – 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W Bramblet	FULL MAIDEN NAME	Angelina Ratliff
RESIDENCE	Vollmer, Idaho.	RESIDENCE	Vollmer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Walla Walla Wash	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 – P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W Bramblett
Husband
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Vollmer Idaho.

Filed 1 – 8 1914 H C Parrish
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1976

564-104-042-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50 File No. 27709

Primary Registration District No. 2129 Registered No. 76

FULL NAME OF CHILD Carl Wesley Yount

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J Carl Yount	FULL MAIDEN NAME	alice Reed
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Grain Buyer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Ilo. Idaho.

Filed Jan 10 1915 H C Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named from Card 9/2/41

313-115-031-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27710

County of Ada

City of Ida

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 77

FULL NAME OF CHILD John Westall Talbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 - 15 - 1915

FATHER		MOTHER	
FULL NAME	Clarence C Talbott	FULL MAIDEN NAME	Eunice J. Westall
RESIDENCE	Ida Ada	RESIDENCE	Ida Ada
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	North Carolina
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9- P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parmish M. D.

(Physician or midwife)

Address Ida Ada

Given names added from a supplemental report.

..... 19.....

Filed 1-20 1915 H C Parmish
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

OCT 13 1976

294-121-092-418

PLACE OF BIRTH

County of Gem

City of Vollmer

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 27711

Primary Registration District No. 2129 Registered No. _____

FULL NAME OF CHILD ~~unnamed~~ DEWARD ALLEN SIMMONS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	January 21 1913

FATHER		MOTHER	
FULL NAME	Isaac Allen Simmons	FULL MAIDEN NAME	Violet Maud Maynard
RESIDENCE	Vollmer Ida	RESIDENCE	Vollmer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Vollmer Ida

Filed 1-25 1913 H. C. Parrish

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 27711

County of Lewis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Deward Allen Simmons (Name on Original Certificate) who Was Born (Was Born or Died) on Jan 21 - 1915 (Date of Event)

in Vollmer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Deward Allen Simmons

Subscribed and sworn to before me this 8 day of Aug, 1942

Eugene Laufer

Notary Public, residing at Evergreen

My commission expires May 25 - 1942

(Seal)

Signed Violet Maude Simmons

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 10 1942

AUG 1 3 1942

893-131-031-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27713

County of Lewis

City of Ilo

No. ..... *St.*

Hospital .....

Registration District No. 50 **File No.** .....

Primary Registration District No. 2129 **Registered No.** 80

FULL NAME OF CHILD unnamed Allen Verne

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 1 (Month) - 31 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Frank W Hilton	**FULL MAIDEN NAME**	Genova Bell Gardner ~~Hilton~~
RESIDENCE	Ilo Ida	**RESIDENCE**	Ilo Ida
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	27 (Years)	**AGE AT LAST BIRTHDAY**	25 (Years)
BIRTHPLACE	Oregon	**BIRTHPLACE**	Mo
OCCUPATION	Farmer	**OCCUPATION**	housewife

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 12-30 a M **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

..... *Registrar*

Address Ilo Idaho

Filed 2-8 1915 H C Parrish *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-[redacted]220-766

PL[redacted]TH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 27715

No. _____, _____ St.

Primary Registration District No. 2021

Registered No. _____

Hospital _____

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	Single (To be answered only in event of plural births)	4	yes	Jan. 22nd, 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	John H. Clark	FULL MAIDEN NAME	Maud Powers
RESIDENCE	Hill City Idaho	RESIDENCE	Hill City Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 22 1915 (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address Glenn's Ferry Idaho

Filed Jan. 22nd, 1915 J. W. Davis Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-11-0020-433

PLACE OF BIRTH

County of Elmore

City of Hammett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 35

File No. 27716

Primary Registration District No. 2021

Registered No. ____

FULL NAME OF CHILD Robert Munroe Stringfield

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	2	yes	Jan. 11th 1935

FATHER		MOTHER	
FULL NAME	Frederick J. Stringfield	FULL MAIDEN NAME	Ona McMcCullough
RESIDENCE	Hammett	RESIDENCE	Hammett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America Nebraska	BIRTHPLACE	America Nebraska
OCCUPATION	R.R. Ticket Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan. 11- 1935, at 1.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Draper M. D.

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Jan. 12th 1935 J. W. Draper

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1942

433-104-020-715

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 35

File No. 27717

No. ____, ____ St.

Primary Registration District No. 2021

Registered No. ____

Hospital ____

FULL NAME OF CHILD Ira McTaggart. ROBERT LEE McTAGGART

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	9	yes	Jan. 4th, 1915

FATHER		MOTHER	
FULL NAME	Daniel McTaggart	FULL MAIDEN NAME	Mary Gannon
RESIDENCE	Elmore Co. Idaho	RESIDENCE	Elmore Co. Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan. 4th 1915 at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Elmore Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 5, 1915 J. W. Davis

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 27717

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Robert Lee McTaggart (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on [redacted] Jan 4th 1915 (DATE OF EVENT) in Hamett Elmore Co Idaho (PLACE OF EVENT) are ~~erroneous or were~~ omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 4th 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed McTaggart	Robert Lee McTaggart
Robert Lee McTaggart	Robert Lee McTaggart	

Subscribed and sworn to before me this 5th day of February, 19 42

John Merriam
Notary Public, residing at San Francisco

My commission expires Dec 31, 1942 (SEAL)

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
My Commission Expires December 31, 1942

Signed Daniel B. McTaggart Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2535 McAllister St San Francisco Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Francisco } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 19 42

John Merriam
Notary Public, residing at San Francisco

My commission expires Dec 31, 1942 (SEAL)

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
My Commission Expires December 31, 1942

Signed Mrs Mary D. McTaggart
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2535 McAllister St
(STREET ADDRESS, CITY, STATE)
San Francisco Calif

Received for filing on MAR [illegible] By .....
(REGISTRAR'S SIGNATURE)

245-103-020-249

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ....., ... St.

Hospital .....

ST[redacted]IO

Bure[redacted]tistics

CERT[redacted] BIRTH

Form V. S. No. 11-C—15m-6-20-11

27718

Registration District No. 31

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD William Wayne Sunderlin

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Twin (To be answered only in event of plural births)	4	yes	Jan. 3d (Month, Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Glenn C. Sunderlin	FULL MAIDEN NAME Frances Viola Smith
RESIDENCE Glenn's Ferry Idaho	RESIDENCE Glenn's Ferry Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Superintendent of City Schools	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan. 3d 1913 at 3:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan. 4th 1913 J. W. Davis Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

245-203-020-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 27719

No. ....., ... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Elizabeth Sunderlin

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Twin	3	yes	Jan. 3rd, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen E. Sunderlin	FULL MAIDEN NAME	Frances Viola Smith
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	~~27~~ 26 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	~~Superintendent of City Schools~~ ~~Cat Repairing O.S.L. R.R.~~	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan. 3rd 1915 at 3-30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Glenn's Ferry Idaho

Filed Jan. 4th 1915 J. W. Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF ~~IDAHO~~ Oregon)
) ss
COUNTY OF Clatsop)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mrs. Frances I. Sunderlin, , of Astoria, Oregon ,

being first duly sworn, deposes and says that she is the mother
(If related, specify degree, If friend or otherwise, so state)
of Dorthy Elisabeth Sunderlin who was born in the
(was born or died)
city of Glenns Ferry, County of Elmore, Idaho, on the 3rd day of
January, , 19 15, as stated in a certificate of birth, filed by
(birth or death)
J. W. Davis M.D. with the Local Registrar for the city
(name of physician or midwife, or undertaker for death)
of Glenns Ferry, County of Elmore, Idaho, on the 4th day of January, 19 15

That the following facts set forth in said certificate are not correctly stated therein, to wit: That the occupation of the father, Glen E. Sunderlin, was stated as that of a Car Repairman O.S.L.R.R.

That affiant upon her own knowledge states the true facts to be, and the
(his or her)
changes necessary to make the record correct are, as follows: That the true occupation of the father, Glen E. Sunderlin, was Superintendent of City Schools of Glenns Ferry, Idaho. (1912-1918.)

(Seal)

Affiant Frances I. Sunderlin
Address Box 865, Astoria, Oregon

Subscribed and sworn to before me this 12th day of October, 1938.

Notary Public for Oregon.
Commission expires Oct. 8, 1941.

STATE OF ~~IDAHO~~ Oregon)
) ss
COUNTY OF Clatsop)

Mrs. Frances I. Sunderlin of Astoria, Oregon

being first duly sworn deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Frances I. Sunderlin
Address Box 865, Astoria, Oregon

Subscribed and sworn to before me this 12th day of October, 1938

(Seal)

Notary Public for Oregon
My Commission expires Oct.8,1941.

-962-128-029-5 (Be sure the information is complete and accurate)

Amended 2-12-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 27726
Local Reg. No. 2
Reg. Dist. No. 62

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jesse

b. (Middle): Harold

c. (Last): Robison

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 1 - 28 - 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Hilry

b. (Middle): M.

c. (Last): Robison

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Ind.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Maggie

b. (Middle):

c. (Last): Naylor

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Neb.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. H. Ehlen

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Genesee, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-1-1915

22. REGISTRAR'S SIGNATURE: W.H. Ehlen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY:

WEIGHT AT BIRTH: LBS. OZS.

Was a standard serological test for syphillis performed? Yes ____ No ____

Approximate date

R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
IVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JAN 6 - 1965

Certificate No. 27726

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jesse Harold Robinson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1915 (Date of Event)
in Genesee, Idaho - Latah County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Robinson	Robison
Father's Full Name	H. M. Robinson	Hilry M. Robison
Mother's Maiden Name	Noylor	Naylor

Subscribed and sworn to before me this 20th day of August, 1964

N. D. Scales

Notary Public, residing at Salmon Arm, B.C.

My commission ~~expires~~ is continuous

(Seal)

Signed X Wilbur Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wilbur Robison, (brother) of Notch Hill.
British Columbia, Canada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 12-9-63. one copy pd. rec. #13127.

Letterfrom Social Security Division, Victoria, B.C., dated Aug. 22, 1951 written to Mr. Hilry M. Robison - viewedby V.S.

Certificate of Naturalization, dated March 31, 1936, Dominion of Canada, no. 139757 gives full name as Hilry Milo Robison, born Dec. 19, 1872 at Valpariso, Indiana - viewed by V.S.

Newspaper Clipping of Maud M. Naylor's death, dated May 11, 1935 - gives sister's full name as Mrs. Margaret Robison - viewedby V.S.

The Land Titles Act, Mortgage, dated June 4, 1949 gives full name as Jesse H. Robison - viewed by V.S.

Central Mortgage and Housing Corporation, Outline Specification Form, dated May 6, 1949 at Calgary - gives full name of applicant as Jesse Robison - viewedby V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27726

County of Latah

City of Genesee

Registration District No. 62 File No.

No. St.

Primary Registration District No. 2142 Registered No. 2

Hospital

FULL NAME OF CHILD Jesse Harold Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	1 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. M. Robinson	FULL MAIDEN NAME	Maggie Naylor
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ind	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehem

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Genesee Ida

Filed 2-1 1915 W H Ehem

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH [redacted]

County of

Hospi

FEB 12 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-214 029-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Salah

City of Geneva

Registration District No. 62 File No. 27727

No. ..... St.

Primary Registration District No. 2142 Registered No. 1

Hospital .....

FULL NAME OF CHILD Bernice Bumpas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1 14 1915

FATHER		MOTHER	
FULL NAME	Cecil Bumpas	FULL MAIDEN NAME	Savada Clark
RESIDENCE	Geneva Idaho	RESIDENCE	Geneva Idaho
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	N C
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Geneva Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1-24 1915 W. H. Ehlen Registrar

S-Y CO. 20174

MAY 3 1973

132-218-014-29

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 27728

No. ..... St.

Primary Registration District No. 2007

Registered No. 7

Hospital .....

FULL NAME OF CHILD Helen Mary

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	1 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. W. Albertson	FULL MAIDEN NAME	Edna B. Brande
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boneafire (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen

M.O. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho.

Filed Jan 1915

..... Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1969

294-100-014-154

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nalder

Registration District No. 3

File No. 27729

No. _____ St.

Primary Registration District No. 2007

Registered No. 6

Hospital _____

FULL NAME OF CHILD Elsworth Roy Simpson

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Jan (Month) (Day) 191 5 (Year)

FATHER

FULL NAME Sam H Simpson

RESIDENCE Nalder Ida

COLOR W

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Canada

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cecilia Anderson

RESIDENCE Nalder

COLOR W

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. V. Mulder

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 21 1915 Lulu Waldrop Registrar

S-Y CO. 24656

MARGIN RESERVED FOR ... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

FEB 23 1944

457-216-014-391

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 27730

Primary Registration District No. 2007

Registered No. 5

FULL NAME OF CHILD Laura Esther Dexter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Jan 16 1915

FATHER		MOTHER	
FULL NAME	Chancy M Dexter	FULL MAIDEN NAME	Laura A Brown
RESIDENCE	Parma Ida	RESIDENCE	Parma Ida
COLOR		COLOR	
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ind
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Julia Gotwell

Midwife (Physician or midwife)

Address Parma Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 31 19 15 Lulu Waldrop Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1952

363.24.01.K-617

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27731

County of Canyon

City of Parma Registration District No. 3 File No.

No. St. Primary Registration District No. 2007 Registered No. 3

Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 14 1915

FATHER

FULL NAME Henry H. Collins

RESIDENCE Parma, Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Ind.

OCCUPATION Banker

MOTHER

FULL MAIDEN NAME Martha Waggoner

RESIDENCE Parma, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ind.

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop Jr. M.D.

(Physician or midwife)

Given names added from supplemental report.

Clare Collins 19

Address Parma

Filed Jan 18 1915 Lulu Waldrop Registrar

Registrar

B-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464.212.014-285

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 27732

No. ..... St.

Primary Registration District No. 2007

Registered No. 2

Hospital .....

FULL NAME OF CHILD not named Evelyn Gail

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Jan. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. Mack Dodds	FULL MAIDEN NAME	Amy Sherman
RESIDENCE	Parma, Idaho	RESIDENCE	Parma Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Waldorf MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Ida

Filed Jan 18 1915 Luke Waldorf Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

NOV 1 1976

942.206.014693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. [illegible] 15-12

County of Canyon

City of Wilder Precinct

Registration District No. _____ File No. 27763

No. _____

Primary Registration District No. _____ Registered No. 8 1

Hospital _____

FULL NAME OF CHILD Ruth Erva Russell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f.	—		—	yes.	1. (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. E. Russell	FULL MAIDEN NAME	Cora E. Williams
RESIDENCE	Parma R.I.	RESIDENCE	Parma R.I.
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Canada
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Parma Ida

Filed Jan 11 1915 Lulu Waldrop Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-114-084-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Arena Valley Precinct

Registration District No. 3 File No. 27734

No. St.

Primary Registration District No. 2007 Registered No. 4

Hospital

FULL NAME OF CHILD Frank ~~Eristan~~ Christian Shepard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	1 (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Franklin Shepard	FULL MAIDEN NAME	Clara Lund
RESIDENCE	Parma R. 3	RESIDENCE	Parma R. 3
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Oregon
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Jan 31 1915 Lulu Waldrop Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/27/41 Z.J.

219-12V-030-292

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27737

County of Lemhi

City of Gilmore

Registration District No. 42

File No.

No. St.

Primary Registration District No. 2153

Registered No.

Hospital SAMUEL LEE

FULL NAME OF CHILD ~~Sam'l Louis~~ Bartlett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam'l Louis Bartlett	FULL MAIDEN NAME	Nellie Rissell
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	H'wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Story
physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 29 1915 John W. Story
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 27737
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Samuel Lee Bartlett (Name on original certificate) who born (Was born or died) on Jan. 24th 1915 (Date of event)
in Gilmore Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Birth Record of State of Idaho (Bible record, insurance policy, etc.) prepared on Jan. 24th 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bartlett	Samuel Lee Bartlett
Samuel Lee Bartlett	Samuel Lee Bartlett	Samuel Lee Bartlett

Subscribed and sworn to before me this 10th day of May, 1943

Jack Logan
Notary Public, residing at Portland Oregon
My commission expires April 6" 1947
[SEAL]

Signed Samuel L. Bartlett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7656 N. Peninsular Ave Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1943

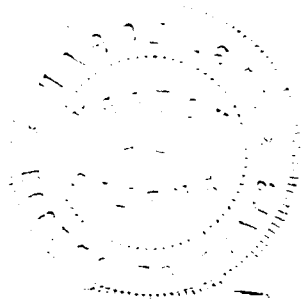
Jack Logan
Notary Public, residing at Portland Oregon
My commission expires April 6" 1947
[SEAL]

Signed Mrs W. R. McCready
(Signature of any credible person other than the previous affiant.)

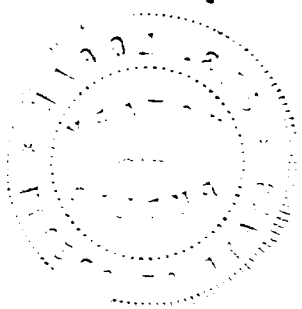
7656 N. Peninsular Ave Portland Ore.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAY 17 1943



OCT 4 19



29X227.030-253

Amended 10-30-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 27738
Local Reg. No.
Reg. Dist. No. 42

1. PLACE OF BIRTH

a. COUNTY: Lemhi

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gilmore

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lemhi

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gilmore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Clorah b. (Middle): c. (Last): Simmons

4. SEX: F

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 27, 1915

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): c. (Last): Simmons

8. AGE (At time of this birth): 47 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Miner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Lottie b. (Middle): c. (Last): Kellow

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John W. Story

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Gilmore, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 29, 1915

22. REGISTRAR'S SIGNATURE: John W. Story

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES NO APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 12 1968 Bureau of Vital Statistics

State of Idaho } ss. Certificate No. 27738

County of Bannock } Date Filed July 25, 1963

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Clorah Simmons (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1915 (Date of Event)

in Gilmore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Pol. & School Records (Bible Record, Insurance Policy, Etc.) prepared on 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Clorah Simmons	Clorah Belle Simmons
Child's Date of Birth	Jan. 28, 1915	January 27, 1915

Subscribed and sworn to before me this 8th day of August, 1968

Patricia Boring

Notary Public, residing at Pocatello, Idaho

My commission expires 2-12-72

(Seal)

Signed Robert M. Terrell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

555 W. Lewis St., Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August 1968, 19

Robert M. Terrell

Notary Public, residing at Pocatello, Idaho

My commission expires 6-15-69

(Seal)

Signed Mary Flynn

(Signature of Any Credible Person)

303 N. Hayes #210

(Street Address, City, State)

Pocatello, Idaho

FORM DH 60-155 CL 7-25-63. nm

Statement from Rulon M. Ellis, Superintendent of Schools, School District No. 25, Gilmore states "This is to certify that Clorah Simmons was born on January 27, 1915. This information was taken from an attendence record kept at the Washington School for the semester beginning January 22, 1923 and ending June 1, 1923 when Clorah Simmons was in the second grade. At that time she resided at 144 North 11th. It is our understanding that Clorah Simmons is now Clorah Kimbell." - viewed by VS.

Family Bible Record, appears old and unaltered, gives name as Clorah, born January 27, 1915 at Gilmore, Idaho - viewed by VS.

As requested in letter of September 29, 1968, the name of the child is to left as it appears on the birth certificate - October 30, 1968.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 1-18

PLACE OF BIRTH

STATE OF UTAH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27736

County of Millard

City of Gilmore Registration District No. 42 File No.

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Clorah Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Jan 28 1915

FATHER		MOTHER	
FULL NAME	John Simmons	FULL MAIDEN NAME	Lottie Kellow
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	H'wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) John W. Story

Physician
(Physician or midwife)

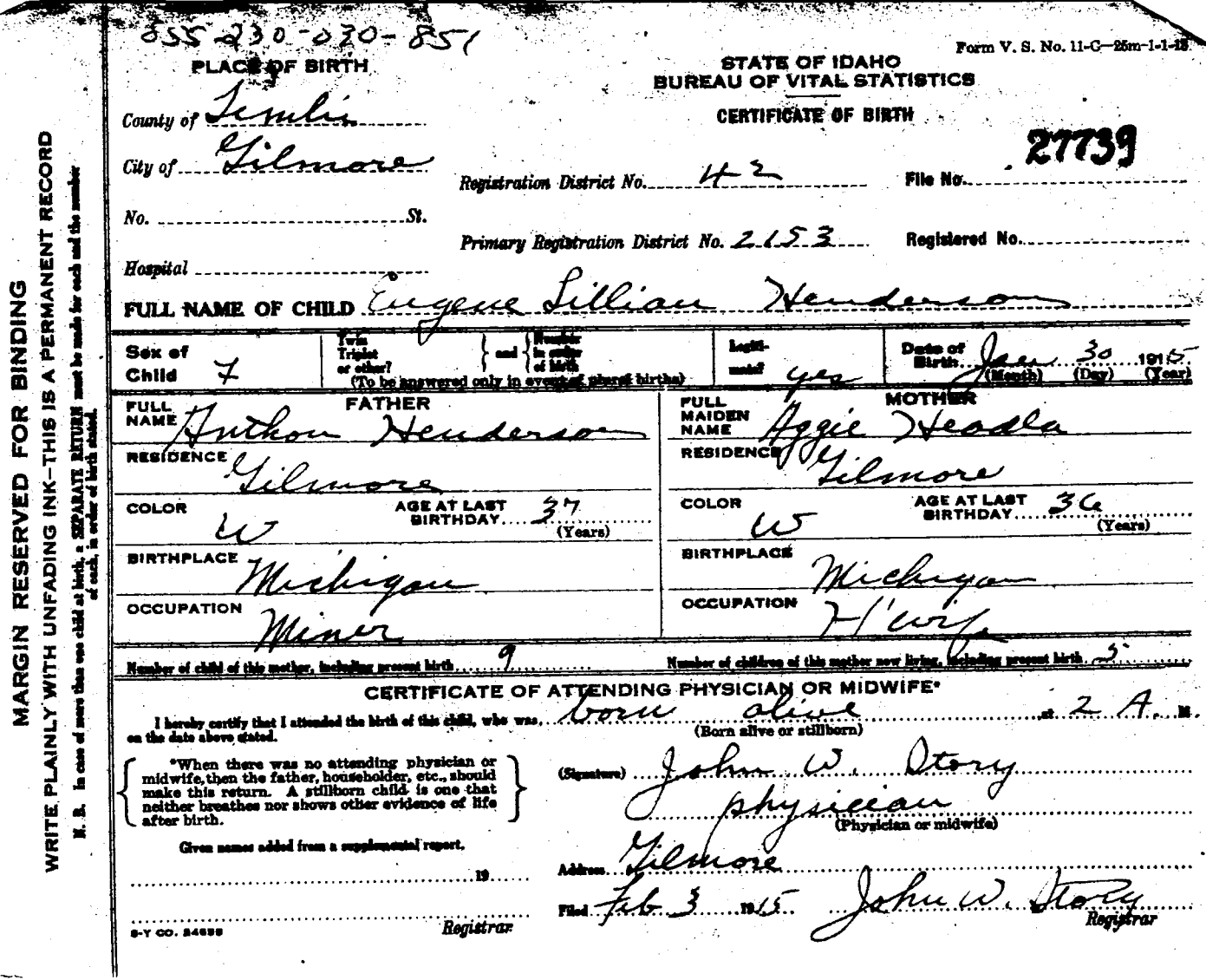
Address Gilmore

Filed Jan 29 1915 John W. Story
Registrar

S-Y CO. 24698

OCT 30 1968

DECEASED



855-230-030-851

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27739

County of Lemhi

City of Gilmore

Registration District No. 42 File No.

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Eugene Lillian Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	Jan (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Anthon Henderson	FULL MAIDEN NAME	Aggie Headla
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Miner	OCCUPATION	H'wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Story

physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Gilmore

Filed Feb 3 1915 John W. Story Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1945

2 1973

955·129·004-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bloomington, Idaho.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 — File No. 27746

Primary Registration District No. 2132 — Registered No. .....

FULL NAME OF CHILD Elmo Neal

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lotwick Lazarus Reese	FULL MAIDEN NAME	Frances Elizabeth Brown
RESIDENCE	Bloomington, Idaho.	RESIDENCE	Bloomington, Idaho.
COLOR	WHITE — AGE AT LAST BIRTHDAY 29 (Years)	COLOR	WHITE — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Bloomington, Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

M. D. (Physician or midwife)

Address PARIS, IDAHO.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-6 1915 J. Hutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-214-004-759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington, Idaho

Registration District No. 53

File No. 27747

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Irene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jan (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Dawson Wilks	FULL MAIDEN NAME	Eva Rebecca Perkins
RESIDENCE	Bloomington, Idaho	RESIDENCE	Bloomington, Idaho
COLOR	WHITE — AGE AT LAST BIRTHDAY 37 (Years)	COLOR	WHITE — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address PARIS, IDAHO.

Filed 1-6- 1915 R. Sutton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-120-029-295

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

27748

County of Latah

~~City of~~ Potlatch

No. 950, Larch St.

Registration District No. 65 File No.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Raymond Walter Johnson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male				yes	Jan (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lars Martin Johnson	FULL MAIDEN NAME	Elizabeth Siverts
RESIDENCE	950 Larch Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	S. Dakota	BIRTHPLACE	Norway.
OCCUPATION	R. R. Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Heim MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Box 203 Palouse Wn

Filed Feb. 2nd 1915 Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 14, 1941. E.W.

815-207-029-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27749

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Flora Lucile Hanson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	Nov. 7, 1914

FATHER		MOTHER	
FULL NAME	Andrew Hanson.	FULL MAIDEN NAME	Ellen Olson.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Sweden.
OCCUPATION	Machine man.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4.

Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 11 1915 D. Jr. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 3 19

845-223-029-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27750

County of Latah

City of Dr Harvard

No ....., ... St.

Hospital .....

Registration District No 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Sylvia May Queener

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Female	1st (To be answered only in event of plural births)	yes	Jan. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester F. Queener	FULL MAIDEN NAME	Edith Aynes Barrayer
RESIDENCE	Harvard	RESIDENCE	Harvard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Potlatch

Filed Jan. 30th 1915. Dr J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

845-223-029-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 27751

County of Latah.

City of Harvard.

No. ....., ... St.

Hospital .....

Registration District No. 65. File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Anna Bell Queener.

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Female.	2nd (To be answered only in event of plural births)	yes.	Jan (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester. F. Queener	FULL MAIDEN NAME	Edith. Agnes. Barrager.
RESIDENCE	Harvard.	RESIDENCE	Harvard.
COLOR	White. AGE AT LAST BIRTHDAY 29. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Potlatch Idaho.

Filed Jan. 30th 1915. Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

MAY 16 1947

614-115-029-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27752

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ____, ____ St.

Hospital ____

Registration District No. 65. File No. ____

Primary Registration District No. 2145. Registered No. ____

FULL NAME OF CHILD Richard. William. Faulkner.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓		✓	yes.	Jan. 15 1915.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred. V. Faulkner.	Ida. Mary. Charge.
RESIDENCE	Potlatch	Potlatch.
COLOR	White.
AGE AT LAST BIRTHDAY (Years)	27.	23.
BIRTHPLACE	England.	England.
OCCUPATION	Stenographer.	Housewife.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 5th 19 15. Dr. J. W. Thompson

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

K

318-215-029-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 65 File No. 27753

Primary Registration District No 2145 Registered No. ____

FULL NAME OF CHILD Ruth Irene Taylor.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓		✓	yes.	Jan. 15 1915

FATHER		MOTHER	
FULL NAME	Moses Taylor.	FULL MAIDEN NAME	Elma Boyer.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY	32. (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Ohio.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5th.

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson. M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 6th 1915. Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

K

FEB 2 1 1968

DECEASED

912.217.029.389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Viola (Country)

No. 3 miles east St.

Registration District No. 65

File No. 27754

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD Enid Lois Rasmussen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	Jan. 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gordon C. Rasmussen	FULL MAIDEN NAME	Phemie Christensen
RESIDENCE	Viola, 3 miles east	RESIDENCE	Viola, 3 miles east
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wash.

Filed Jan. 21st 1915

Dr. J. W. Thompson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1942

914.126.029.265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 985, Larch St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27755

Registration District No. 65 File No.

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Geo Maxwell Rambo

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	~		~	yes	June (Month) 26th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. E Rambo	FULL MAIDEN NAME	Maud Bonner
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	W Va
OCCUPATION	River foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth third

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~alive~~ born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Heim MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Box 203. Palouse Wa

Filed Feb. 2nd 1915 Dr. Jw. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 2 4 1973

464-222-004-259

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27757

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Garnet Mourtsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Jan 22nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter C. Mourtsen	FULL MAIDEN NAME	Mattie Berrey
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 1/22/ 1915 H H King MD Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859.230'004133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 27758

Primary Registration District No. 2136. Registered No. .....

FULL NAME OF CHILD Jean Heikes

Sex of Child Female	Twin Triplet or other? Twin and Number in order of birth First (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Jan (Month) 30th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. C. Heikes	FULL MAIDEN NAME	Edna Allgire
RESIDENCE	Montpelier, Ida	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas.
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Address Montpelier Idaho

Filed Feb 1st 1915 H H King MD Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1942

859.230.004.133

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 27759

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ruth Heikes

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		Second	Yes	Jan (Month) 30th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. O. Heikes	FULL MAIDEN NAME	Edna Allgire
RESIDENCE	Montpelier, Ida	RESIDENCE	Montpelier.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4.03 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.

Physician (Physician or midwife)

Address Montpelier Idaho

Filed Feb. 1st 1915 H. H. King M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1942

385-d24/029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27761

County of Latah

City of Viola

Registration District No 69 File No.

No ..... St. Primary Registration District No 2141 Registered No. 7

Hospital

FULL NAME OF CHILD OPHA WINNONA Lynch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 24 191 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Ray Lynch	Viola Emma Kenny
RESIDENCE	Viola	Viola
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs Orpha Garvin

nurse
(Physician or Midwife)

Address Viola Idaho

Filed Jan 30 19 16 D. F. Kane
Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

STATE OF IDAHO DEC 10 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 27761

County of Latah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Naomi Lynch (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 24, 1915 (DATE OF EVENT)

in Viola, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 27, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Naomi Lynch	Opha Winnona Lynch

Subscribed and sworn to before me this 4

day of December, 1942

Murray Estes

Notary Public, residing at Moscow

My commission expires Aug. 1944

(SEAL)

Signed Orpha Garvin R.N.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

406-S-Jefferson St. Moscow Ida

(STREET ADDRESS, CITY, STATE)

I attended Mother at this birth

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4

day of December, 1942

Murray Estes

Notary Public, residing at Moscow

My commission expires Aug. 1944

(SEAL)

Signed Mrs Viola Lynch - Mother

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Moscow, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 1 1969

DEC 12 1942

389-211-029242

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, A SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Viola

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 27762

Primary Registration District No. 2141 Registered No. 6

FULL NAME OF CHILD Violet Ruth Christinsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 11 1915

FATHER		MOTHER	
FULL NAME	Christain Christinsen	FULL MAIDEN NAME	Lara Alma Beaswell
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Conde S Dak
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Orpha Garvin

nurse (Physician or Midwife)

Address Viola Ida

Filed Jan 15 1915 F F Rae Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

1415-
Dup of 342540

U33.101.029-281

PLACE OF BIRTH

County of Latah

City of Viola

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 61 File No. 27763

Primary Registration District No. 2141 Registered No. 2

FULL NAME OF CHILD Earl Wesley Ullery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 1, 1915

FATHER

FULL NAME Clarance Ullery

RESIDENCE Viola

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Viola

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME May Shawver

RESIDENCE Viola

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Aguilar, Colo.

OCCUPATION Home girl

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 A.M. on the date above stated.

(Signature) Wm Hatfield D O

(Physician or Midwife)

Address .....

Filed Jan 13 19 15 J F Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 21 1946

155-124-029-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27764

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 3

FULL NAME OF CHILD Hammond Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 24 1915

FATHER		MOTHER	
FULL NAME	H. P. Jenson	FULL MAIDEN NAME	Dorthy Gorenson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:45a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Rae M.D.
(Physician or midwife)

Address Moscow

Filed Jan 25 1915 D. F. Rae
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 89-123-029-315

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 27766

Primary Registration District No. 2141 Registered No. 15

FULL NAME OF CHILD Floyd Oakley Shriver

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Jan 23 1915

FATHER	MOTHER
FULL NAME Howard Shriver	FULL MAIDEN NAME Lynnie Langdon
RESIDENCE Near Moscow	RESIDENCE Near Moscow
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION H W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) Joseph Asprey, M. D.

(Physician or midwife)

Address Moscow Idaho

Filed Feb 3 19 15

D. F. Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1944

MAY 2 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR.

NOT TO THE STATE BOARD OF HEALTH.

399-205-029-296

PLACE OF BIRTH Idaho

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. Dist. 67 27767 Bureau 2141

File No.

Registered No. 14

County of Latah

City or Town of Garfield Wash R F D

Registration Dist. No. (No. , St.; Ward

FULL NAME OF CHILD Trimble, Gay

If child is not yet named, mal supplemental report, as directe

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1	Yes	Feb (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
Full Name	Lee Trimble	Full Maiden Name	Frances Brown
Residence	Garfield Wash R F D	Residence	Garfield Wash R F D
Color	White	Color	White
Age at last Birthday (Years)	42	Age at last Birthday (Years)	37
Birthplace (State or Country)	Kentucky	Birthplace (State or Country)	Kentucky
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 10

Number of children, this mother, now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive / stillborn † *and that it occurred on* February 5, 1915, *at* 1:15 A M.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signature) P E Wusel

(Physician ~~or Mid~~wife)

Give name added from a supplemental report

Address Garfield Wash

Filed Feb 8, 1915 D F Kane

Registrar. *Registrar.*

† Indicate which by drawing line through superfluous word.

SEP 23 1971

JUL 8 1976

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR.
NOT TO THE STATE BOARD OF HEALTH.

399-105-029-296 Idaho

PLACE OF BIRTH

~~WASHINGTON~~ STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. Dist 61 Prim 214

File No. 27768

Registered No. 13

County of Lasah

City or Town of Garfield Wn. R7D

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward

FULL NAME OF CHILD ~~Unnamed~~ Jay TRIMBLE { If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes	Feb (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
Full Name	Lee Trimble	Full Maiden Name	Frances Brown
Residence	Garfield Wash R7D	Residence	Garfield Wash R7D
Color	White	Color	White
Age at last Birthday	42 (Years)	Age at last Birthday	37 (Years)
Birthplace (State or Country)	Kentucky	Birthplace (State or Country)	Kentucky
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 10 Number of children, this mother, now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { *born alive* / ~~*stillborn*~~ } † *and that it occurred on* Feb 5 1915, *at* 1:25 A M.

(Signature) P E Wiesel

(Physician ~~or Midwife~~)

Address Garfield Wash

Filed Feb 8, 1915 D F Nao

Registrar.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report .....

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

DEC 2 1942

792-112-029369

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Moscow

No. Main St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 27769

Primary Registration District No. 1011 Registered No. 12

FULL NAME OF CHILD Edgar William Gibb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gibb	FULL MAIDEN NAME	Lulu Cornwall
RESIDENCE	Genesee, Idaho	RESIDENCE	Genesee, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:20 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Jan 20 1915 D F Rae

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 4 1973

MAR 1 8 1971

367-208-029-636

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27770

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 24

FULL NAME OF CHILD Mildred Geneva Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James B. Cox	FULL MAIDEN NAME	Lilly E. Flowers
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Washington
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Griteman
C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow, Idaho

Filed Jan 31 1915

D F Rae
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1968

MAR 5 1943

318-122-029-913

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27771

County of Latah

City of Moscow

No. 713 So. Adams St.

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 5

Hospital

FULL NAME OF CHILD Lawrence Walter Layman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 22 1915

FATHER		MOTHER	
FULL NAME	G. H. Layman	FULL MAIDEN NAME	Laura E. Raley
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Grain Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. m. on the date above stated.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed Jan 25 19 15 D. F. Roe Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

B-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244.204.029.437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27772

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 9

FULL NAME OF CHILD Bernice L Sudbrink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes	June	4	1915

FATHER

FULL NAME: Virgil L. Sudbrink
RESIDENCE: Moscow
COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Wash
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bertha M. McGuire
RESIDENCE: Moscow
COLOR: white AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho
OCCUPATION:

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1. a. m. on the date above stated.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed Jan 10 1915 W. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

JUL 27 1944

319-224-029.259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27773

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 10

FULL NAME OF CHILD Alvina Cecilia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Laurence Carlson	FULL MAIDEN NAME	Selma Berglund
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	So. Dakota
OCCUPATION	Engineering Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Moscow

Filed Jan 30 1915

D. F. Ra[illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

156-201-029-862

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27774

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 1011 Registered No. 11

Hospital

FULL NAME OF CHILD Roberta Jantha Jewett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes	Feb. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. W. Jewett	FULL MAIDEN NAME	Winnie Hobart
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Feb 2 1915

D F Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-
Dup of 335176

819-704-029-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27775

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 16

FULL NAME OF CHILD Dayton B. Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feby 4 1915

FATHER		MOTHER	
FULL NAME	Chester E. Harris	FULL MAIDEN NAME	Ida V. Beasley
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	R.R. Construction Work	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.
E.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Feb 6 1915 D F Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LC 3/19/41 AMF

693.108.042-962

STATE OF [redacted] V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

27776

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 2

Primary Registration District No. ..... Registered No. 23

Hospital Home

FULL NAME OF CHILD Kenneth Emerson Fitzsimmons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan 8 1915

FATHER	MOTHER
FULL NAME Joe Ross Fitzsimmons	FULL MAIDEN NAME Clo Edna Ross
RESIDENCE	RESIDENCE
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Powers Co. Ill	BIRTHPLACE Carroll Co. Ill.
OCCUPATION Rancher	OCCUPATION Hm

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 15 19 15 J. M. Davis Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

282.207.042-456

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-3-15-12

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 27777

Primary Registration District No. ..... Registered No. 24

FULL NAME OF CHILD Helen Marie Sykora

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	Joseph Sykora	FULL MAIDEN NAME	Kate Dvorak
RESIDENCE	Kimberly Idaho	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Sykora

(Physician or midwife)

Address Kimberly, Idaho

Filed Jan 15 1915 Dr. J. M. Davis Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 27777

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Sykora (Name on Original Certificate) who was born (Was Born or Died) on January 7, 1915 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Helen M. Sykora

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Nov, 1976

Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Rose Soroba
(Signature of Any Credible Person)

413 Central King Rd Nampa Ida
(Street Address, City, State)

Social Security Card gives name as Helen M. Sykora Tlucek # 518 62 7596
Card issued 1961 by the Social Security Administration.
Viewed by V.S.

Own childs birth certificate gives name of mother as Helen Marid Sykora.
Child born March 19, 1937 in Nampa, Idaho to Louis Joe and Helen Marie Sykora Tlucek.

815·130·042-339

1915-3

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 27778

Primary Registration District No. ..... Registered No. 25

FULL NAME OF CHILD RAYMOND CLAYTON Hansen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Jan 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Hansen	FULL MAIDEN NAME	Cline May Cline
RESIDENCE	Rock Creek Idaho	RESIDENCE	Rock Creek, Idaho
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis, M D

(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 31 1915 J M Davis Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 27778

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Raymond Clayton Hansen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 30th, 1915 (DATE OF EVENT) in Rock Creek, Idaho (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 15th, 1937 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hansen	Raymond Clayton Hansen

Subscribed and sworn to before me this 27th day of December, 19 41.

H. E. Powers

Notary Public, residing at Kimberly, Idaho

My commission expires 2-7-1942

(SEAL)

Signed Russell C. Larsen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 19 41.

H. E. Powers

Notary Public, residing at Kimberly, Idaho

My commission expires 2-7-1942

(SEAL)

Signed Russell C. Larsen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 19 1973

614-103-010-419

[redacted]

V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 27781

No. ..... St.

Primary Registration District No. 2150 Registered No. 3

Hospital .....

FULL NAME OF CHILD Alma Dean Waddell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jan 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Waddell	FULL MAIDEN NAME	Elva Marker
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho.
OCCUPATION	Actor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Jan 3 at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed 1/5 1915 [signature]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-19-1940 D.P.

DEC 19 1941

451-202-010-699

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 27784

Primary Registration District No. 2140 Registered No. 6

FULL NAME OF CHILD MATILDA MAUDE MEAD

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Jan (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Roy Mead	FULL MAIDEN NAME	Jennie Pearl Wright
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Cedarpoint, Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.5 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas C. Wilson (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Physician

Filed June 7 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO
County of BINGHAM } ss.

Certificate No. 27784
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Matilda Maude Mead (Name on original certificate) who was born (Was born or died) on January 2nd, 1915, (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge ~~xxxxxxx~~ (Bible record, insurance policy, etc.) of mother, the undersigned. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Mead	Matilda Maude Mead

Subscribed and sworn to before me this 5th
day of November, 1941

Notary Public residing at Blackfoot, Idaho
My commission expires July 20th, 1943
[SEAL]

Signed Jennie Mead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, I being the father of said child.

Subscribed and sworn to before me this 5th
day of November, 1941

Notary Public residing at Blackfoot, Idaho
My commission expires July 20th, 1943
[SEAL]

Signed A. R. Mead
(Signature of any credible person other than the previous affiant.)

Two miles south of Pocatello, Idaho
(Street Address, City, State)

Received for filing on NOV 13 1941 By
(Registrar's signature)

NOV 17 1941

132-105-010-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73

File No. 27785

No. _____ St.

Primary Registration District No. 2170

Registered No. 7

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 1 1917

FATHER		MOTHER	
FULL NAME	Lyman Burt Atkinson	FULL MAIDEN NAME	Rhoda Hause
RESIDENCE	Ammon Ida.	RESIDENCE	Ammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Ida.

Filed Jan 6 1917

_____ Registrar

_____ Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

221-204010-599

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27786

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2100 Registered No. 8

Hospital

FULL NAME OF CHILD Lillie Margaret Skaar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole Skaar	FULL MAIDEN NAME	Hilda Erickson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Sweeden
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Jan 4 at 6 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodnquist M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Filed Jan 9 1915 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

296-104-00-469

PLACE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 27788

Primary Registration District No. 2107 Registered No. 10

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Jan 4 1915

FATHER	MOTHER
FULL NAME: Mohanri E Brown	FULL MAIDEN NAME: Clara Ethel Morris
RESIDENCE: Rigby R D 2	RESIDENCE: Rigby R D 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housework

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H Newman

Rigby R D 2 Box 58 Midwife
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed 1/12 19 16 _____ Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

626.108.010-239

Amended 9/18/78

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. _____ *St.*

Hospital _____

Registration District No. 73 **File No.** 27790

Primary Registration District No. 2150 **Registered No.** 12

FULL NAME OF CHILD Victor Ray Oswald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 8 (Day) 1910 (Year)

FATHER		MOTHER	
FULL NAME	Ludwig F Oswald	FULL MAIDEN NAME	Christine Mary Klingler
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ (Born alive ~~or stillborn~~), at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

Midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Rigby R.F.D. #1 Idaho

Filed Jan 16 1910 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 8 42 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 27790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Oswald (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 8, 1915 (Date of Event)
in Coltman, Idaho (Bonneville) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on Aug 6 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Victor Ray Oswald

Subscribed and sworn to before me this 6th day of August 1978

Notary Public, residing at Idaho Falls, ID

My commission expires 12-1-81
(Seal)

Signed X Elmer H Oswald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1554 N.W. Evans Ave Roseburg, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August 1978

Notary Public, residing at Idaho Falls, ID

My commission expires 12-1-81
(Seal)

Signed X Dennis R. Oswald
(Signature of Any Credible Person)

13745 S.E. Bush, Portland, Ore. 97236
(Street Address, City, State)

FORM DH 60-155

CL 7/11/78

SEP 18 1978

Membershp record from the LDS Church gives nameas Victor Ray Oswald born Jan 8, 1915 at Coltman, Idaho. father's nameas Ludwig Fredrick Oswald mother's name as Maria Christine Klinger. Blessed Mar 7, 1915 and Baptized May 17, 1925. viewed by V. S.

Birth certifi from LDS Hospital in Idaho Falls,Idaho gives name as Roland Oswald born Nov 14,1950. born toVictor Ray Oswald and Ora Randall. viewed by V. S.

662-21-010-231

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

27791

Registration District No. 73 File No. _____

Primary Registration District No. 2103 Registered No. 13

FULL NAME OF CHILD Virginia Marguerite Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	Yes	Jan 18 1915

FATHER		MOTHER	
FULL NAME	Harrick Foster	FULL MAIDEN NAME	Mary Stanger
RESIDENCE	Idaho Falls Idaho.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Park City Utah	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — Jan 18 - 1915 at 9.30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 23 19 15 _____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

294-203-010-753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 27792

Primary Registration District No. 2100 Registered No. 14

FULL NAME OF CHILD Sarah Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	January 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos S Simmons	FULL MAIDEN NAME	Florence Peterson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ucon Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S J Simmons

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Ucon Idaho

Filed Jan 23 1915 W Kimmond
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 5 1974

855-018-010-736

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 1/19/77

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

No. Western Ave St.

Hospital

Registration District No. 73

File No. 27793

Primary Registration District No. 2107

Registered No. 15

FULL NAME OF CHILD Mary Ada Henrie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan - 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Henrie	FULL MAIDEN NAME	Nina Plott
RESIDENCE	Hamer Idaho	RESIDENCE	Hamer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	N. Carolina
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Jan - 18 - 1915 at 3 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodrigues M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Filed Jan 25 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/17/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 3 2 0 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Umatilla } ss.

Certificate No. 27793
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Henry (Name on Original Certificate) who was born (Was Born or Died) on 1/18/15 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Ada Henrie
Father's name	Henry	Henrie

Subscribed and sworn to before me this 29th day of November, 1976
Signed Mary Ada Henrie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Notary Public, residing at Pendleton Oreg.
My commission expires My Commission Expires Oct. 14, 1977 (Seal)
130 Isaac St. Walla Walla Wn 99362
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 1976
Signed Charles E. Richards
(Signature of Any Credible Person)
Notary Public, residing at Pendleton Oreg. 1208 S E Frazer Place
My commission expires My Commission Expires Oct. 14, 1977 (Seal)
(Street Address, City, State) Pendleton, Or. 97801

Scholarship record from Dubois, Idaho High school gives name as Mary Ada Henrie born Jan 18, 1915 at Idaho Falls, Idaho. date enteed Sept 3, 1929. viewed by V. S

JAN 1 1977

Membersnip record from the LDS Church gives namea s Mary Ada Henrie Carter. born Jan 18, 1915 at Idaho Falls, Idaho. father xxx name as James Ralph Henrie and mother's name as Nina Plott. Baptized Oct 15, 1962. viewed by VS

381-225-010-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73 File No. 27794

Primary Registration District No. 2100 Registered No. 16

FULL NAME OF CHILD Mable Margret Chapple

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jany (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter Chapple	FULL MAIDEN NAME	Mable Jane Bates
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7-30 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Jan 27 1915 [signature]
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 3 1975

514-217-010-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73 File No. 27795

Primary Registration District No. 2140 Registered No. 17

FULL NAME OF CHILD Verna Elone Eames

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Thomas Eames	FULL MAIDEN NAME	Martha Vilate Morgan
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12-15 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co. Idaho

Filed Jan 27 1915 [signature]

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 7 1976

863-21-4-010-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 27797

Primary Registration District No. 2150 Registered No. 19

FULL NAME OF CHILD .....

Sex of Child: Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Jan (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Otto Holm.	FULL MAIDEN NAME	Victorine Meline
RESIDENCE	Ammon	RESIDENCE	Ammon.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8/30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon, Idaho

Filed 1/30 1915 W. Kennard
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 5 1974

455-131-010-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 27798

No. ..... St.

Primary Registration District No. 2100 Registered No. 20

Hospital .....

FULL NAME OF CHILD Seth Beal Dennis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel W. Dennis	FULL MAIDEN NAME	Sarah Smith
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Plainfield Ind.	BIRTHPLACE	Malden, N.Y.
OCCUPATION	Editor "Idaho Falls Times"	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Fernand

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed Feb 2 1915 Wm Fernand
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1976

DEC 28 1953

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] -010-696

[redacted] BIRTH

[redacted] Bonneville

[redacted] E OF IDAHO
VITAL STATISTICS
CATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

City of Idaho Falls Ida. Registration District No. 7 File No. 27801

No. ..... St.

Primary Registration District No. 2150 Registered No. 23

Hospital .....

FULL NAME OF CHILD Virginia Tarbet

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos. A. Tarbet	FULL MAIDEN NAME	Lucile Fife
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Jan 24-15 at 3 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

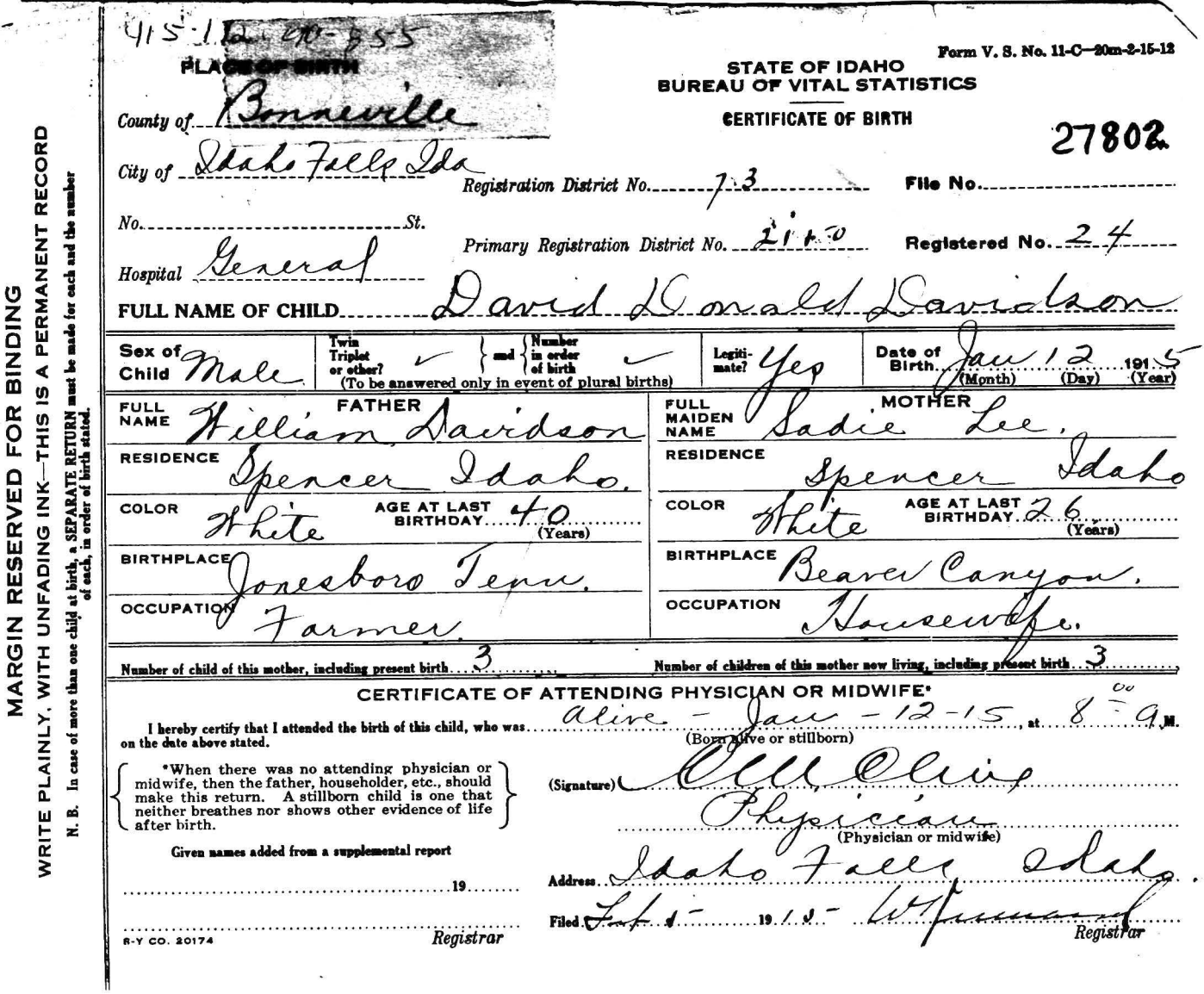
Filed Feb 5 1915 [signature]

Registrar Registrar

S-Y CO. 20174

Named from Card
9-23-42 — MH

SEP 24 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-112-40-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27802

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 24

Hospital General

FULL NAME OF CHILD David Donald Davidson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jan (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Davidson	FULL MAIDEN NAME	Sadie Lee.
RESIDENCE	Spencer Idaho.	RESIDENCE	Spencer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Jonesboro Tenn.	BIRTHPLACE	Beaver Canyon.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Jan - 12-15, at 8:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. M. Olive

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls Idaho

Filed Feb 1 1915 W. Hammond
Registrar

Registrar

R-Y CO. 20174

249.225.075-993

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15,12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 27804

Primary Registration District No. 2181 Registered No. 4

FULL NAME OF CHILD Harriet Elizabeth Brust

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female		1st	yes	January 25 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. L. Brust	FULL MAIDEN NAME	Jamma R. Richmond
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C N Slusser M D.

(Physician ~~or Midwife~~)

Address Grangeville Idaho

Filed Feb 2 1915 G S Bloedhorn Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

614.205.025.819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 27805

Primary Registration District No. 1001 Registered No. 3

FULL NAME OF CHILD Marguerite E. Wade

Sex of Child female	Twin ~~Triplet~~ or other? and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? yes	Date of Birth January 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph B. Wade	FULL MAIDEN NAME	Hattie Gertrude Harmon
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Strauss M.D.

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Feb 2 1915 G. S. Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-231-025-168

Form V. S. No. 11-C—20m-8-25-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27806

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 1001 Registered No. 2

Hospital

FULL NAME OF CHILD Vesta Jane Riebold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 31 1915

FATHER		MOTHER	
FULL NAME	Orrin L Riebold	FULL MAIDEN NAME	Mabel A Johnson
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:40 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

.....19.....

Filed Feb 2 1915 G S Stricklin Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1969

4/6-12-7-025-942

Amended 2/7/79

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Denver

No. ..... St.

Hospital .....

Registration District No. 103 File No. 27807

Primary Registration District No. 2181 Registered No. 1

FULL NAME OF CHILD Raymond Ariel Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan 27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John L Dawson	FULL MAIDEN NAME	Ruby P Rush
RESIDENCE	Denver Idaho	RESIDENCE	Denver Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-9 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 2 19 15 G S Stockton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 31 8 58 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 27807
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Dawson (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 27, 1915 (Date of Event)

in Denver, Idaho (Idaho County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Dawson	Raymond Ariel Dawson

Subscribed and sworn to before me this 26 day of JANUARY, 1979.

Notary Public, Robert F. Teed
Residing at Clarkston Wash
My commission expires 2/24/82
(Seal)

x Raymond A. Dawson
Signature of Applicant

x 1810 13th Clarkston Wa
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

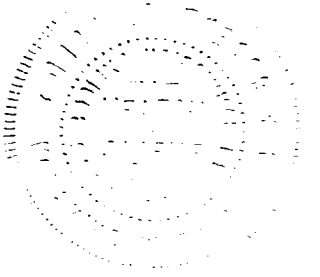
_____
Street Address, City, State

1/24/79 1cc pd. rec. #1909

Honorabel discharge from the US Army gives name as Raymond A. Dawson born Jan 27, 1915 at Idaho County, Idaho. date od separtion Feb 13, 1946. viewed by V. S.

FEB 7 1979

Onw son's birth certif on file in Idaho 60-618, gives child'sname as Carson Lee Dawson born Jan 1, 1960. father's name as Raymond Ariele Dawson. and mothers' name as Donna Maxine Abel. viewed by V. S.



437 [redacted] 007-685

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27808

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2072 Registered No. 10

FULL NAME OF CHILD Helen Ruth McGowen

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Samuel McGowen	FULL MAIDEN NAME	Ruth Wheeler
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey Ida

Filed Feb 1 1915 Robert H. Wright
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.116.007-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 27810

Primary Registration District No. 2022 Registered No. 8

FULL NAME OF CHILD Elbridge Gorry Burnham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay B Burnham	FULL MAIDEN NAME	Edith Castle
RESIDENCE	Picabo Ida	RESIDENCE	Picabo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Brookfield Mo	BIRTHPLACE	Picabo Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright Mr D

(Physician or midwife)

Address Hailey Ida

Filed Jan 20 1915 Robert H Wright
Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1943

473-222-007-465

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 27811

Primary Registration District No. 2022 Registered No. 7

FULL NAME OF CHILD No Name Lenora Roberta McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 22 1915

FATHER		MOTHER	
FULL NAME	James McCoy	FULL MAIDEN NAME	Rose Monks
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Nevada
OCCUPATION	rancher	OCCUPATION	housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rand M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 25 1915 Robert L. [illegible]

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1967

235-219-007-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 27812

Primary Registration District No. 2022 Registered No. 6

FULL NAME OF CHILD Elenora Blee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Blee	FULL MAIDEN NAME	Mary Morin
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Mining Engineer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.
(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 21 1915 Robert S. [illegible]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864115·607-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27814

County of Blaine

City of Bellevue

No. _____ St.

Hospital _____

Registration District No. 21 File No. _____

Primary Registration District No. 2022 Registered No. 4

FULL NAME OF CHILD Not Named Robert Olin Young

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	6	yes	Jany 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm S. Young	FULL MAIDEN NAME	Etha a McCreery
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	California	BIRTHPLACE	Ill
OCCUPATION	Minister	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Bellevue Ida

Filed Jan 20 1915 Robert H. _____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1969

DEC 21 1961

669-208-007-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

S[redacted]AHO
BUREA[redacted]STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... *St.*

Hospital .....

Registration District No. 21 **File No.** 27815

Primary Registration District No. 2022 **Registered No.** 3

FULL NAME OF CHILD Clarissa

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Jan (Month) 8 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Orson H. Northington	**FULL MAIDEN NAME**	Sarah Jane Young
RESIDENCE	Bellevue Ida	**RESIDENCE**	Bellevue Ida
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	40	**AGE AT LAST BIRTHDAY** (Years)	26
BIRTHPLACE	Utah	**BIRTHPLACE**	Utah
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey Ida

Filed Jan 9 1915 Robert H. Wright

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

NOV 4 1974

339.109.607.41 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 27816

Primary Registration District No. 2022 Registered No. 2

FULL NAME OF CHILD Oscar Joseph Cline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 9 1915

FATHER		MOTHER	
FULL NAME	J. Oscar Cline	FULL MAIDEN NAME	Mathie Matthews
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Kansas	BIRTHPLACE	Boston Mass
OCCUPATION	Bar Tender	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report ..... 19...

Filed Jan 11 19 15 Robert H. Wright Registrar

8-Y CO. 24655

249-204-007.000

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 27817

Primary Registration District No. 2022 Registered No. 1

FULL NAME OF CHILD Mary Louise Smith

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Jan 4 1915 (Month) (Day) (Year)

FATHER

FULL NAME: Harry D. Smith

RESIDENCE: Hailey Ida

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Lee

OCCUPATION: Farmer Clerk in Land Office

MOTHER

FULL MAIDEN NAME: Evelan

RESIDENCE: Hailey Ida

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Lee

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed Jan 10 1915 Robert H. Wright Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

JUL 1 3 1965

864-105 314

PLACE OF [redacted]

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 27818

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Glenn W. Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B		Yes	1 5 1915

FATHER		MOTHER	
FULL NAME	W Young	FULL MAIDEN NAME	Mabel Lammers
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kas	BIRTHPLACE	Mis
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Jan 19 15 A A Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 20 10 06 AM 1976

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } Certificate No. 27818
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Young (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1915 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Glenn Wilmer Young

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of
February, 1976

Notary Public, residing at Jerome
My commission expires 3-27-76
(Seal)

Signed Gary L Kinghorn
(Signature of Any Credible Person)

405 West B Shoshone, Idaho
(Street Address, City, State)

FORM DH 60.155 CL 3/4/75

Honorable Discharge from the Army gives name as Glenn W. Young born Jan 5, 1915 at Filer, Idaho. date of Seprartion if Jan 25, 1946. viewed by V. S.

MAR 4 1976

Application to Metropolitan Life Ins. Copy gives name as Glenn W. Young born Jan 5, 1951. dated Feb 22, 1935. viewed by V. S.

294-131-042-392

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27819

County of Twin Falls

City of Filer

No. ..... *St.*

Hospital .....

Registration District No. 38 **File No.** .....

Primary Registration District No. 2086 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child Boy	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 1 (Month) 31 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Jess Simmons	**FULL MAIDEN NAME**	Johnie Eisenbee
RESIDENCE	Filer Ida	**RESIDENCE**	Filer Ida
COLOR	N. **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR**	N. **AGE AT LAST BIRTHDAY** 27 (Years)
BIRTHPLACE	Tex	**BIRTHPLACE**	Tex
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 4a **M. on the date above stated.**
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address .....

Filed Feb. 1915 A A Newberry *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113.201.042-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 27820

Primary Registration District No. 2096 Registered No. .....

FULL NAME OF CHILD Dorothy Macaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.				Yes	1-1-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R A Macaw	Martha Lilie
RESIDENCE	Filer Idaho	Filer Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or Stillborn), at 1400m M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Jan 19.15 A A Newberry

..... Registrar

Registrar

8-Y CO. 20174

693.221-031-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 27824

Primary Registration District No. 2127 Registered No. 3

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 1-21-19[illegible] (Month) (Day) (Year)

FATHER

FULL NAME Geo. F. Wilk

RESIDENCE Forest.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Neb.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Alta Roberts

RESIDENCE Forest.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen R. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-21-19[illegible] Ellen R. Rogers Registrar

8-Y CO. 24655

231-103-014-963

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27826

County of Canyon

City of Roswell Idaho

No. ..... *St.*

Hospital .....

Registration District No. 3 **File No.** .....

Primary Registration District No. 2005 **Registered No.** 1

FULL NAME OF CHILD Henry Wilbur Stark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Jan (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Wilbur Stark	FULL MAIDEN NAME	Edna Rockwood
RESIDENCE	Roswell Idaho	RESIDENCE	Roswell Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith D.O.

(Physician or midwife)

Address Caldwell Idaho

Filed 1-14- 1915 John S. Meyer
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1943

813-104-014-231

PLACE OF BIRTH

County of Canyon

City of Parma

No. R.R. 3 St.

Hospital

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 27827

Primary Registration District No. 2005 Registered No. 2

FULL NAME OF CHILD Paul Edgar Hatch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Jan 4 1915

FATHER	MOTHER
FULL NAME: Harvey R. Hatch	FULL MAIDEN NAME: Myrtle B. Stark
RESIDENCE: Parma Idaho	RESIDENCE: Parma Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minn
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.

(Born alive or stillborn)

(Signature) J. P. Smith D.C.

(Physician or midwife)

Address Caldwell Idaho

Filed 1-14- 1915 John S. Inness
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

JAN 20 1942

762.105.014-497

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... *St.*

Hospital No.

Registration District No. 3 **File No.** 27828

Primary Registration District No. 2005 **Registered No.** 3

FULL NAME OF CHILD Arthur Gayton Postlethwaite

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Jan-5-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	W. C. Postlethwaite	FULL MAIDEN NAME	Gertrude Dixon Dix
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ohio.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

B.N.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 1-5-1915 John P. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513.107.014-695

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. 27829

Primary Registration District No. 2005

Registered No. 4

FULL NAME OF CHILD WALTER FRANKLIN CALDWELL

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes.	Jan-7-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. E. Caldwell.	FULL MAIDEN NAME	Bessie Ondorf.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

B.V.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 1-12-1915 John J. Meyers

Registrar

Registrar

* 7 CO. 24655

SEP 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 28829

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan. 7, 1915 (Date of Event)
in Huston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Walter Franklin Caldwell

Subscribed and sworn to before me this 2nd
day of September, 1942.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
(Seal)

Signed Bessie M Caldwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1107 Main St., Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

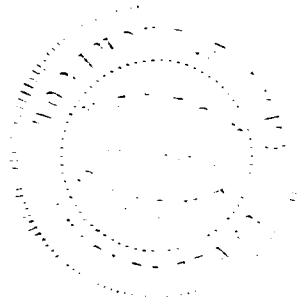
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

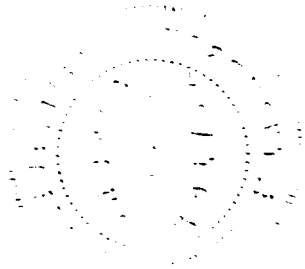
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of September, 1942.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945.
(Seal)

Signed Ruth V. Barnes
(Signature of Any Credible Person Other Than Previous Year)
1111 Main St., Caldwell, Idaho
(Street Address, City, State)

SEP 4 1942





394.105.01X-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27830

County of Canyon.

City of Caldwell

No. ..... St.

Hospital Yes.

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Jan - 5 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	~~Wm~~ Q. Trueblood	FULL MAIDEN NAME	Laura Smith
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

B.N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 1-12- 1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239 [redacted] 014-795

PL[redacted]RTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]well

No. ..... St.

Hospital [redacted]

Registration District No. 3 File No. 27831

Primary Registration District No. 2005 Registered No. 6

FULL NA[redacted]D

Sex of Child	[redacted] win / triplet / other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Jan 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grant Stradley	FULL MAIDEN NAME	Bessie Greenfield
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. M. Cole
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 1-12- 1915 John S. Myers
Registrar

Registrar

S-Y CO. 24655

633.209.014-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

27832

County of Canyon

City of Caldwell - Rout 2 - Registration District No. 3 File No.

No. , St.

Primary Registration District No. 2005 Registered No. 7

Hospital

FULL NAME OF CHILD Reba Lorraine Otterstein

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	1st	yes	Jan. 9th, 1915

FATHER		MOTHER	
FULL NAME	George C. Otterstein	FULL MAIDEN NAME	Petra M. Carlson
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Amboy Minn.	BIRTHPLACE	Correll Minn.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date (Born alive or stillborn) at 4. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayes, M.D.

(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-11- 1915 John I. Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 6 1966

349-11-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital No.

Registration District No. 3

Primary Registration District No. 2005

File No. 27834

Registered No. 9

FULL NAME OF CHILD John A Turner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Jan 11 1915

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse H Turner	FULL MAIDEN NAME	Carrie Brinsley
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 40 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F M Cole

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 1-12-1915 John L. Meyer Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128. 11-014-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital No.

Registration District No. 3 File No. 27835

Primary Registration District No. 2005 Registered No. 10

FULL NAME OF CHILD LESTER FRANK ASHBY

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Jan. 11, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. L. Ashley.	FULL MAIDEN NAME	Hattie Bergan
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller M.D.

(Physician or midwife)

Address Caldwell Ida

Filed 1-12-1915 John D. Myers Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 27835
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 12 1915 (DATE OF EVENT)
in Caldwell Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 11-1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Lester Frank Ashby
Date of birth	Jan 12, 1915	Jan 11, 1915

Subscribed and sworn to before me this 24th
day of February, 19 42.
Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept 19-1942
(SEAL)

Signed Frances Lilbern Ashby mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Nampa Idaho Box 943
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of February, 19 42.
Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept 19-1942
(SEAL)

Signed William Johns
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
115 18 North Nampa
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 27 1942

235.113-014-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27836

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 11

FULL NAME OF CHILD Harry Steetle

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Single	1st	Yes	1-13 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Steetle, Harry Miners	FULL MAIDEN NAME	Nienburger, Elizabeth Rose
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Penn.	BIRTHPLACE	Kansas
OCCUPATION	Occulist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.O.

Nampa Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address John S. Meyer

Filed Jan 13 1915 ~~D. S. D. Colonge~~ Registrar

Anna Hatfield Deputy Reg

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-113-014-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 27837

Primary Registration District No. 2005 Registered No. 12

FULL NAME OF CHILD Clarence Dow Purkhiser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Jan-13-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. D. Purkhiser	FULL MAIDEN NAME	Anna Voight
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida. B.N.

Filed 1-15-1915 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1972

298-214-014-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell R.R.

No. ..... St.

Hospital No.

Registration District No. 3

Primary Registration District No. 2005

File No. 27838

Registered No. 13

FULL NAME OF CHILD Myrtle Fern Bryant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Jan - 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	C. L. Bryant	FULL MAIDEN NAME	Myrtle Cowin
RESIDENCE	Caldwell R.R.	RESIDENCE	Caldwell R.R.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ky.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife) (BN

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 1-15- 1915 John J. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
'75 NOV 11 01 AM

State of ..... } ss.
County of ..... }

Certificate No. 27838

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bryant (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 14, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Myrtle Fern Bryant

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Velois Washburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1975

Signed George Washburn
(Signature of Any Credible Person)

Notary Public, residing at Nampa, Ida.

My commission expires 1-8-77
(Seal)

1211 Dewey, Nampa, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 11/18/75

Family Bible Record, obviously old gives name as Myrtle Fern Bryant
born January 14. 1915.
Viewed by V.S.

DEC 2 1975

School Record issued by Canyon County, Caldwell gives name as Myrtle Fern Brya
Bryatn who was enrolled in School District # 48, Canyon County, Idaho
in Sept. of 1921. School Census completed Sept. 1921.
Viewed by V.S.

234-215-014-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27839

County of Canyon.

City of Caldwell.

Registration District No. 3 File No.

No. 916 Cleveland Boulevard.

Primary Registration District No. 1005 Registered No. 14

Hospital No.

FULL NAME OF CHILD Clara Maxine Stubler.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Jan 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm C Stubler	Annie Parsons.
RESIDENCE	Caldwell	Caldwell.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Kan.	S. Dak.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

M.D.

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19....

Filed 1-15- 1913 John L. Meyer

Registrar

..... Registrar

S-Y CO. 24655

JUL 29 1948

519-218-014-365

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27840

County of Canyon.

City of Caldwell.

No. _____ St.

Hospital No.

Registration District No. 3 File No. _____

Primary Registration District No. 2005 Registered No. 14

FULL NAME OF CHILD JESSIE VAIL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Jan 18th 1915

FATHER		MOTHER	
FULL NAME	Harry O Vail.	FULL MAIDEN NAME	Pearl Cover
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. McCole M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 1-26- 1915 John S. Meyer Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 27840

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Unnamed Vail (Name on Original Certificate) who was born (Was Born or Died) on Jan. 18, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jessie Vail

Subscribed and sworn to before me this 28
day of July 1942
Mrs. L. Shaffer
Notary Public, residing at Caldwell
My commission expires 12/1/44
(Seal)

Signed Pearl Cover Vail
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of July 1942
Mrs. L. Shaffer
Notary Public, residing at Caldwell
My commission expires 12/1/44
(Seal)

Signed Joyce June
(Signature of Any Credible Person Other Than Previous Year)
Route 2 Caldwell, Idaho
(Street Address, City, State)

JUL 2 9 1942

416-218-014-595

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital No.

Registration District No. 3 File No. 27841

Primary Registration District No. 1005 Registered No. 16

FULL NAME OF CHILD Sophia Ruth Dawartz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Jan (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. Dawartz.	FULL MAIDEN NAME	Elsie Vinson.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Kan.
OCCUPATION	Butcher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 1-26- 1915 John P. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1942

4/3/41 L. B. 2 copies

285-219-014-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton R F D

Registration District No. 9 3 File No. 27842

No. ..... St.

Primary Registration District No. 2005 Registered No. ~~18~~ 17

Hospital .....

FULL NAME OF CHILD Cleo Ellen Shelton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Jan 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Dixon Shelton	FULL MAIDEN NAME	Ella Amanda Blessinger
RESIDENCE	Middleton R F D	RESIDENCE	Middleton R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star, Idaho,

Filed 2-3- 1915 John J. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-221-014-693

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27843

County of Canyon.

City of ~~Caldwell~~ Greenleaf.

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 18

Hospital No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Jan (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. L. Crawford.	FULL MAIDEN NAME	Kate Wilson.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ga.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Caldwell Ida.

Filed 1-26- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-121-014-245

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 27844

Primary Registration District No. 2005 Registered No. 19

FULL NAME OF CHILD William Bailey Lewis Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Jan - 21 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W B. Lewis.	FULL MAIDEN NAME	Minnie Sundermire.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. F. M. Cole. B.M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 1-26- 1915 John L. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1953

-365-122-014-256

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R.R. #4 St.

Amended 11/15/79

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 27845

Primary Registration District No. 9005 Registered No. 20

FULL NAME OF CHILD John Marshall Conroy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	1st	Yes	Jan. 22, 1915

FATHER		MOTHER	
FULL NAME	Frank M. Conroy	FULL MAIDEN NAME	Bessie Ledy
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48	COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ireland	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above date alive (Born alive or stillborn) at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kenny

Physician (Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-29- 1915 John Mayer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 27845
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male Conroy (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 22, 1915 (Date of Event)

in Caldwell, ID Canyon (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	John Marshall Conroy

Subscribed and sworn to before me this 16th day of November, 1979.

Notary Public, Margaret D. Davis
Residing at Boise
My commission expires Lifetime
(Seal)

John Conroy
Signature of Applicant

Route 4 Caldwell
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 16 1979

Social Security Card, dated 1954, lists name as John Marshall Conroy.
#519-42-6455
viewed by vs November 16, 1979

Blue Cross of Idaho member card #3027870 issued 8/1/73 was issued to John Conroy. viewed by V.S.

493-030-014-417

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. 27846

Primary Registration District No. 2005 Registered No. 21

FULL NAME OF CHILD Ruth V. Dilley

Sex of Child Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Jan 30 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Ross V. Dilley

RESIDENCE Parma R.D. 1.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Mich.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gail Mayfield

RESIDENCE Parma R.D. 1

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colo.

OCCUPATION H.W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrar

Physician (Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-30-1915 John S. Meyer Registrar

B-Y CO. 20174

Family Bible Record, information taken from page marked Births gives one child's full name as Ruth V. Dilley born Jan. 30, 1915 at Parma, Idaho - appears old and unaltered - viewed by V.S. Statement from IDAHO DEPARTMENT OF HEALTH
E. VanDyke, County Supt. of Schools, Van Buren County Schools, Paw Paw, Michigan states
BUREAU OF VITAL STATISTICS
"This is to certify that Ruth V. Dilley, according to the School Records was 5 years old in 1920." - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan } ss.
County of Van Buren }

Certificate No. 27846

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dilley (Name on Original Certificate) who was born (Was Born or Died) on Jan. 30, 1915 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth V. Dilley

Subscribed and sworn to before me this 23rd day of January, 1961.
J. Marton J. Ward
Notary Public, residing at Lacota Mich
My commission expires Oct 16 - 1963
(Seal)

Signed Varnum M Dilley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lacota Michigan
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Van Buren }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1961.
J. Marton J. Ward
Notary Public, residing at Lacota, Mich
My commission expires Oct 16 - 1963
(Seal)

Signed Eileen Wood
(Signature of Any Credible Person)
Lacota Mich
(Street Address, City, State)

FORM DH 60-185 CL 1-17-61. Two copy pd. receipt #11202.

FEB 15 1961

413.102 1014-

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton R.F.D.

Registration District No. 3 File No. 27847

No. ..... St.

Primary Registration District No. 9005 Registered No. 22

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 2 1915

FATHER	MOTHER
FULL NAME Elmer O Mathews	FULL MAIDEN NAME Evelene Wayt Hallford
RESIDENCE Middleton, R F D	RESIDENCE Middleton, R F D
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Illinois
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Address Star Idaho,

Given names added from a supplemental report

..... 19.....

Filed 2-9- 1915 John L. Meyer

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

319-202-04-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27848

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

File No. .....

Primary Registration District No. 2004

Registered No. 23

Hospital .....

FULL NAME OF CHILD Elizabeth Bernice Carney

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		4	yes	2 2 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Carney	FULL MAIDEN NAME	Lulu Charlton
RESIDENCE	near Caldwell	RESIDENCE	near Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Knox Co Mo	BIRTHPLACE	Davis Co Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-10- 1915 John S. Meyers
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

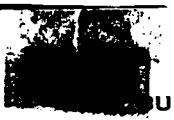
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1967

DEC 28 1943

892-109044-493



Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27849
1

County of Washington

City of Weiser

No. R.F.D. No 1 St.

Hospital

Registration District No. 86 File No.

Primary Registration District No. 2112 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 9th 191 5

FATHER		MOTHER	
FULL NAME	Thomas M. Kibbe	FULL MAIDEN NAME	Elizabeth Miles
RESIDENCE	Weiser Ida R.F.D. No 1	RESIDENCE	Weiser Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43.	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer.	OCCUPATION	Home wife

Number of child of this mother, including present birth 5. Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive at 12.15 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 9th 1915 W. R. Hamilton
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-209-04X-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 27850

Primary Registration District No. 2112. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	1 9 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Joseph Preston	FULL MAIDEN NAME	Ethel Myrtle Jones
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bridgeport Ore.	BIRTHPLACE	Soquel Cal.
OCCUPATION	Rancher.	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 a m on the date above stated.

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Address Weiser Ida.

Filed Jan 11th 1915 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791.115.044.285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27861

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 13

Primary Registration District No. 2112 Registered No. .....

FULL NAME OF CHILD Graves

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Don C Graves	FULL MAIDEN NAME	Mayme Shelly
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sommerville Ky.	BIRTHPLACE	Cedar Falls Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J A Young

Physician (Physician or midwife)

Address Weiser Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 30th 1915 W. R. Hamilton

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-216-044-462

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27862

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 64

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Elizabeth Chinn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	twin	1st	Yes	Jan (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Chinn	FULL MAIDEN NAME	Bertha Dasch
RESIDENCE	Brogan ~~Brogan~~ Oregon	RESIDENCE	Weiser Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Bacon Co Missouri
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J A Young

Physician (Physician or midwife)

Address Weiser Ida

Filed Jan 20th 1915 W. R. Hamilton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1942

389-216-044-412

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27863

County of Washington

City of Weiser

No. ..... St.

Hospital

Registration District No. 86 File No. 15

Primary Registration District No. 1010 Registered No. Colt

FULL NAME OF CHILD (Died) Chinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twins	and 2nd	Yes	Jan 16 1915

FATHER	MOTHER
FULL NAME Ralph Chinn	FULL MAIDEN NAME Bertha Dash
RESIDENCE Brogan Oregon	RESIDENCE Weiser Ida
COLOR White AGE AT LAST BIRTHDAY ..... (Years)	COLOR White AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Grocery Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Young, Physician (Physician or midwife)

Address Weiser Ida

Filed Jan 30 19 15 W. R. Blumenthal Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

O. 20174

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-119-044-867

[redacted]

Form V. S. No. 11-C—20m-2-15-12

VITAL STATISTICS

27864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

• PLACE OF BIRTH

County of Washington

City of Wiser

No. ____ St.

Hospital ____

Registration District No. 6 File No. 16.

Primary Registration District No. 1010 Registered No. City

FULL NAME OF CHILD Oleson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 19. 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mack Oleson	Etta Young
RESIDENCE	Wiser Ida	Wiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Smolan Sweden	Springdale Arkansas
OCCUPATION	Retired Sheepman	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4 00 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J A Young

Physician

(Physician or midwife)

Address Wiser Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 20th 1915 W. R. Hamilton

Registrar

R-Y CO. 20174

DUP OF 15-327911

386-101-03X-744

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted]TATE OF IDAHO
[redacted]OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Eugene Acequia

Registration District No. ..... File No. 27865

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Benjamin Sylvester Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 1 1915

FATHER	MOTHER
FULL NAME James H. Thomas	FULL MAIDEN NAME Ina Cummings
RESIDENCE Eugene Acequia	RESIDENCE Eugene
COLOR White	COLOR
AGE AT LAST BIRTHDAY 54 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Ill	BIRTHPLACE Oregon
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Thomas

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 30, 1915 Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/13/40 L. B.

JAN 29 1952

275-219034-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27866

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Bertie Mary Sykes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		I	Yes	June 10 1915

FATHER		MOTHER	
FULL NAME	Fred Sykes	FULL MAIDEN NAME	Ruth Wilson
RESIDENCE		RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Miss
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Simmons

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-30-15 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-230-034-866

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. .....

File No. 27867

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Garnett Chapman.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	II	Yes	Jan 30 1915

FATHER		MOTHER	
FULL NAME	George Chapman	FULL MAIDEN NAME	Ovedia Hoops
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

Physician (Physician or midwife)

Address Rupert.

Filed Feb 1915

Registrar

Registrar

Given names added from a supplemental report.

..... 19....

S-Y CO. 24655

958-111-034-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27869

County of Minidoka

City of Rupert

Registration District No. 19 File No. 1

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD John Roberts Reynolds

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	1 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H B Reynolds	FULL MAIDEN NAME	Myrtle Roberts
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 9/12 1915 C H Scott
Registrar

Registrar

S-Y CO. 24653

... BINDING
... UNFADING INK—THIS IS A PERMANENT RECORD
... in case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-101-014-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE [redacted]
BUREAU OF [redacted]STICS

CERTIFICATE OF BIRTH

27871

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 61 File No. 2

Primary Registration District No. 2130 Registered No. 2

FULL NAME OF CHILD ~~unnamed~~ Howard Franklin Albee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Feb. (Month) 1st (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. R. Albee	FULL MAIDEN NAME	Myrtle May Shaw
RESIDENCE	Fruitland	RESIDENCE	Fruitland, Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R. Albee

Father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb. 1st 1915 Crispin Wright Registrar

..... Registrar

S-Y CO. 20174

MAY 12 1950

11/27/40 H. C.

692-126-014-297

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27872

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 51 File No. 2

Primary Registration District No. 2130 Registered No. 1

FULL NAME OF CHILD Vern Allen Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	yes	Jan 26 (Month) (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	George Allen Fisher	FULL MAIDEN NAME	Leah Biggs
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb. 10 1914 Crispin Wright Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1967

251-207-020

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH [redacted] OF IDAHO
[redacted]REAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27873

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. — St. Primary Registration District No. 2020 Registered No. 2

Hospital —

FULL NAME OF CHILD Coral C. Beaman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ray Beaman	FULL MAIDEN NAME	Mollie Hizel
RESIDENCE	Mtn Home	RESIDENCE	Mtn H.
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mountain Home

Filed 1/10 1915 B. W. Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 27873
Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nora Jones	Coral C. Beaman

Subscribed and sworn to before me this 4th day of Feb, 1944.
Pauline Andrus
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Mrs Mollie Beaman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

MAR 13 1961

OCT 21 1976

299-218-020-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Cleft

No. — St.

Hospital —

Registration District No. 34

File No. 27874

Primary Registration District No. 2020

Registered No. 4

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Jan. 18th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Bridwell	FULL MAIDEN NAME	Maud Larson
RESIDENCE	Cleft	RESIDENCE	Cleft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Colo.
OCCUPATION	Kancher	OCCUPATION	Hwife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Mountain Home

Filed 1/18 1915 B.W. Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1968

437-116'020-312

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]

M.S. 11-O 1-20m-2-15-12

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 27875

No. — St.

Primary Registration District No. 2020 Registered No. 5

Hospital —

FULL NAME OF CHILD Carl Medric McGrath

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Jan 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. McGrath	FULL MAIDEN NAME	Amanda Labbee
RESIDENCE	Mtn H	RESIDENCE	Mtn H.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	N. Dakota
OCCUPATION	Laborer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 00 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home

Filed 1/21 1915 B W Mather

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada. } ss.

Certificate No. 27875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Carl Medric McGrath

Subscribed and sworn to before me this 14
day of July, 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Amanda M. McGrath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 71 Mountain Home, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of _____, 19____

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 2 4 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

19706-020-212

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27876

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. ——— St.

Primary Registration District No. 2020 Registered No. 1

Hospital

FULL NAME OF CHILD Segundo Arrieta

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Jan. 6th 1915

FATHER		MOTHER	
FULL NAME	Miguel Arrieta	FULL MAIDEN NAME	Margarita Bastida
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/6 19 15

.....
Registrar

8-Y CO. 20174

[illegible] 1955

[illegible] 1960

MAR 22 1967

JAN 26 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-112-1020-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27877

County of Elmore

City of Mountain Home — Registration District No. 34 — File No.

No. — St. — Primary Registration District No. 2020 — Registered No. 3

Hospital

FULL NAME OF CHILD MARCELLO URRESTI

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Jan. 12 1915

FATHER		MOTHER	
FULL NAME	Polloino Urresti	FULL MAIDEN NAME	Carmen Bengochea
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
Physician (Physician or midwife)*

Address Mountain Home

Given names added from a supplemental report.

..... 19...

Filed 1/13 19 15

..... Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 27877
County of Blaine } Date Filed FEB 2 6

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Urresti (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 1/12/15 (DATE OF EVENT)
in Mountain Home, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by baptismal record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 20, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unamed	Marcello Urresti

Subscribed and sworn to before me this 24th
day of February, 19 42
Connor Gillespie
Notary Public, residing at Hailey, Idaho
My commission expires 2/11/44
(SEAL)

Signed Paul Urresti
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 19 42
Connor Gillespie
Notary Public, residing at Hailey, Idaho
My commission expires 2/11/44
(SEAL)

Signed David Inchausti
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hailey Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 26 1942 By
(REGISTRAR'S SIGNATURE)

MAR 17 1942

796-123-022-364

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Fo[redacted]

County of Fremont

City of Parker

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 27878

Primary Registration District No. 2175 **Registered No.** .....

FULL NAME OF CHILD Calvin Grover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Jan 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Smith Grover	FULL MAIDEN NAME	Cora Tout
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Parker Ida	BIRTHPLACE	Gin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 4 d, M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. West

Stillborn Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

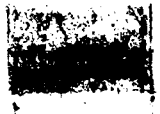
Filed Feby 4th 1915 W. A. West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-101-022-213

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 ~~2177~~ File No. 27879

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Cadwell Blancett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 14 1913

FATHER		MOTHER	
FULL NAME	Jno Blancett	FULL MAIDEN NAME	Elsie J. Ballard
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W O Nutt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 24 1913 W D Ward Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-110-022-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 27880

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Maxwell Secrist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		no	Jan 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mudd Mane	FULL MAIDEN NAME	Essie Marie Secrist
RESIDENCE	Don't know	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Parker
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn) at 6.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Westmo

St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed July 9th 1915 W. A. West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-109-022-766

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. 11

File No. 27881

Registered No. .....

FULL NAME OF CHILD Shirley Blanc Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Atheamer Wardle	FULL MAIDEN NAME	Rose Alice Powell
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. West M.D.

Stanthorne

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feby 9th 1915 W. D. West

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1952

713-222-022-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin Ida

No. ..... St.

Hospital .....

Registration District No. 99 File No. 27882

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Luella Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J W Palmer	FULL MAIDEN NAME	Mary E Wardle
RESIDENCE	Egin	RESIDENCE	Egin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feby 4th 1915 W B West Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-202-022-866

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 27883

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Estella Ft Moon

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Jan 5 1915 (Month) (Day) (Year)

	FATHER		**MOTHER**
FULL NAME	Rube Moon	**FULL MAIDEN NAME**	Emma Lou Howells
RESIDENCE	Egin Ida	**RESIDENCE**	Egin Ida
COLOR	White **AGE AT LAST BIRTHDAY** 28 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 26 (Years)
BIRTHPLACE	Ida	**BIRTHPLACE**	Idaho
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 5 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 2 A. **M on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

Filed 3 day 9th 1915 W B West *Registrar*

S-Y CO. 24655

944-202-022-389

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 27884

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD RACHEL RUDOLPH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Rudolph	FULL MAIDEN NAME	Dime Thiel
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feby 9th 1915 W. B. West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Public School Diploma dated May 17, 1929 viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 27884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for not named Rudolph (Name on Original Certificate) who was born (Was Born or Died) on Jan. 2, 1915 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Son's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on #263583 filed Idaho Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named Rudolph	Rachel Rudolph

Subscribed and sworn to before me this 21st day of February, 19 59

Notary Public, residing at Caldwell, Idaho

My commission expires Sept 10, 1960

(Seal)

Signed Nola Cantrel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. and that he is a brother of the applicant and over 10 years her senior.

Subscribed and sworn to before me this 21st day of February, 19 59

Notary Public, residing at Caldwell, Idaho

My commission expires 3-1-1959

(Seal)

Signed John Rudolph
(Signature of Any Credible Person)

116 10th Ave. So. Ext.
(Street Address, City, State)

Form DPH 55-155

FEB 24 1959

231-129-022-235

PLACE OF BIRTH AMENDED JULY 22, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ____ St.

Registration District No. 99 File No. 27885

Hospital ____ Primary Registration District No. 2177 Registered No. ____

FULL NAME OF CHILD Jass Warren Black
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 29, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Joseph W. Black	FULL MAIDEN NAME: Sarah Stewart
RESIDENCE: Teton	RESIDENCE: Teton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: City Police	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

Registrar.

Filed Feb. 9, 1915 W. A. West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99

File No. 27885

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Winn ~~Herbert~~ Black.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Jan 28, 1913

FATHER		MOTHER	
FULL NAME	Jos. W. Black.	FULL MAIDEN NAME	Sarah Stewart
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	City Police	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Feby 9th 1913

W. Alvest

Registrar

Registrar

S-Y CO., 16659

JUN 17 1954

JUL 26 1954

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Ada)

SARAH STEWART BLACK, being first duly sworn, deposes and says:

That she is the mother of Jess Warren Black; that her husband is Joseph W. Black; that on January 29th, 1915 there was born to them in Teton, Idaho the said Jess Warren Black; that shortly after the birth of said Jess Warren Black an entry of such birth was entered in the family Bible, as follows: "Jess Warren Black, January 29th, 1915, Teton, Idaho." That for some reason unknown totthis affiant, there is a registration of the birth certificate with the Department of Vital Statistics of the State of Idaho registering such birth under the name of 'Herbert ' or 'Winn' Black, born January 29th, 1915, the child of Joseph W. and Sarah Stewart Black; that said name and the date are in error. That the name should be 'Jess Warren Black' and the date of birth should be January 29th, 1915.

Sarah Stewart Black

SUBSCRIBED and SWORN TO before me this 21st day of July, 1954.

Notary Public for Idaho
Residence: Boise, Idaho

466-203-022.291

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony.

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 27886

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Irene Marion Moore.

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Jan 3 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Ira Moore.	**FULL MAIDEN NAME**	Beulah Brainard.
RESIDENCE	St Anthony.	**RESIDENCE**	St Anthony
COLOR	White **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR**	White. **AGE AT LAST BIRTHDAY** 23 (Years)
BIRTHPLACE	Missouri.	**BIRTHPLACE**	Montana
OCCUPATION	Real Estate Agt.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive **at** 8 30 a.M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address .....

Filed Feby 9th 1915 W A West *Registrar*

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/4/41. w.h.

168-131-022.795

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 27887

No. ..... St.

Amended 4/25/79 Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gordon Edward Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 31, 1915

FATHER		MOTHER	
FULL NAME	Edward Wm Johnson	FULL MAIDEN NAME	Lucinda Lizabeth Pincock
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Feby 9th 1915 W B Arnold Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 20 8 39 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 27887
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edward Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan ? 1915 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHild's first name	omitted	Gordon
Date of birth	Jan. 1915	Jan. 31, 1915

Subscribed and sworn to before me this 24 day of April, 1979.

Notary Public, Shirley M. Rice
Residing at St. Anthony, Idaho
My commission expires Life
(Seal)

Gordon E. Johnson
Signature of Applicant

Box 325 Sugar City, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 4-20-79 1 copy pd fc

Passport

School record issued by Sugar=Salem High School 5/25/33 gives name of student as Gordon Johnson. age 14. viewed by V.S.

Application for License to Marry issued by State of Utah 7/June/1938 gives name of Groom as Gordon Edward Johnson. viewed by V.S.
Date of Birth 1/31/15.

APR 25 1979

819.124.022-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont.

City of St Anthony.

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 27889

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Burl Hartshorn -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Jan 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burl James Hartshorn	FULL MAIDEN NAME	Martha Hear
RESIDENCE	St Anthony.	RESIDENCE	St Anthony -
COLOR	White - AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas
OCCUPATION	Barber.	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feby 9th 1915 W A West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-119-022-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27892

County of Fremont.

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Gordon Keith Zeimer.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Jan 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. Dow. Zeimer.	FULL MAIDEN NAME	Olive Gertrude Birch
RESIDENCE	St Anthony.	RESIDENCE	St Anthony.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho.
OCCUPATION	Day Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 8/P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feb 9th 1915 W. Darst

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 355865

not

613-122-0021-573

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 27893

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Thomas Elmont Watts.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes.	Jan 22 1915.

FATHER		MOTHER	
FULL NAME	Joe Watts.	FULL MAIDEN NAME	Isabelle Jane Ellis.
RESIDENCE	St Anthony	RESIDENCE	St Anthony.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42.
BIRTHPLACE	Iowa.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feby 9th 1915 W B Curtis Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1953 FEB 20 1952

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 27893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Elmont Watts

5. Date of Birth of Child (Month, day, year) 1-22-15

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph A. Watts
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Morristown, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth J. Ellis
17. Color or Race white **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for life years, and that Dr. Morefield (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph A Watts Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42

(SEAL) Notary Public, residing at St. Anthony, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 19 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-022-031-343

PLACE OF BIRTH

County of Lewis

City of Steele

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 27894

Primary Registration District No. 2124 Registered No. 1

FULL NAME OF CHILD Percy Eldon Shoemaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	1 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Shoemaker	FULL MAIDEN NAME	Florence Viola Tull
RESIDENCE	Steele, Idaho.	RESIDENCE	Steele, Idaho.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hwk.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Nezperce, Idaho

Filed 1-22 1915 J. P. Jones

Registrar Registrar

S-V CO. 24555

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 D72-484 Dup of D72-484

358-10-03-268

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 27895

Primary Registration District No. 4124 Registered No. 3

FULL NAME OF CHILD John Byron Lehman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1 7 1915

FATHER

FULL NAME H. Frank Lehman

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ore

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Flora Boyd

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ida.

OCCUPATION None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 9 05 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys (Physician or ~~midwife~~)

Address Nezperce Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-9 1915 J. F. Jones Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

JUN 12 1945

OCT 8 1945

315-20?1031-135

PLACE OF BIRTH Amended May 26, 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. ____ St.

Hospital ____

Registration District No. 47

Primary Registration District No. 2124

File No. 27896

Registered No. 2

FULL NAME OF CHILD Eugenia Ora Langdon

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 7, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene Langdon	FULL MAIDEN NAME	Francis Atherton
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. P. Jones, M.D.

(Physician or midwife)

Address Nezperce, Idaho

Filed Jan 7 1915 J. P. Jones

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 71-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

Registration District No. 47 File No. 27896

Primary Registration District No. 2124 Registered No. 2

FULL NAME OF CHILD Gertrude Viola Langdon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	1 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Langdon	FULL MAIDEN NAME	Francis Albertson
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Hook

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho

Filed 1-7 1915 J. P. Jones Registrar

Registrar

S-Y CO. 24655

K

APR 26 1961

MAY 26 1961

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Lewis } ss.

Certificate No. 27896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gertrude Viola Langdon (Name on Original Certificate) who was born (Was Born or Died) on Jan 7, 1915 (Date of Event)
in Mohler, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Child's Birth Cert. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Gertrude Viola Langdon	Eugenia Ora Langdon

Subscribed and sworn to before me this 25th day of May, 1961

Notary Public, residing at Nezperce, Idaho
My commission expires March 6, 1963
(Seal)

Signed Eugene W Langdon, father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nezperce, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Lewis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th. day of May, 1961

Notary Public, residing at Nezperce, Idaho
My commission expires March 6, 1963
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Nezperce, Idaho
(Street Address, City, State)

FORM DH 60-155

Notarized photocopy of page from family bible, stating the Bible record was obviously old and no alterations had been made. Name given as Eugenia Ora Langdon born Jan 7, 1915. viewed by V.S.

Own child's birth certificate on file Idaho #303732 gives name as Eugenia Ora Langdon. viewed by V.S.

418-111-031-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 27897

Primary Registration District No. 2124 Registered No. 4

FULL NAME OF CHILD Chas. Dayland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	1 11 1915

FATHER		MOTHER	
FULL NAME	Lewis Thompson	FULL MAIDEN NAME	L. Beatrice Carley
RESIDENCE	Vollmer	RESIDENCE	Vollmer
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY — (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Depot Agent	OCCUPATION	Hon.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 50 a. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Nezpe Idaho

Filed 2-9 1915 J. F. Jones Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942

AUG 9 1967

818-704-035-955

Amended 10/3/79

Form V. S. No. 11-C [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 207 8th Ave

Hospital

Registration District No. 96

File No. 27898

Primary Registration District No. 1009

Registered No. 1

FULL NAME OF CHILD Gordon R. Hayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester A. Hayton	FULL MAIDEN NAME	Wilda Renfro
RESIDENCE	Myrtle Ida	RESIDENCE	Myrtle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mt. Vernon Wash	BIRTHPLACE	Staley Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed Feb. 10 1915 L. J. Perkins
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 27898
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Arthur R. Hayton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 4, 1915 (Date of Event)
in Lewiston, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Arthur R. Hayton	Gordon Renfro Hayton

Subscribed and sworn to before me this 18th day of July, 1979.
Notary Public Glenda Mae Larson
Residing at Boise, Idaho
My commission expires Infinite
(Seal)

Gordon R Hayton
Signature of Applicant
3216 Kipling Road
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

in office 7/18/79 nocrresp. Ccpd.

Mt. Vernon High school transcript gives nameas Gordon Hayton. attended High school tener from 1929 - 1930. born Jan 4, 1951. viewed by V. S.

School Census ~~fxes~~ records from Skagit County Auditor gives name as Gordon Hayton A?S?A Gordon R. ~~MXXY~~ Hayton. freom recor of 1930 of Fir County born Jan 4, 1915. viewed by V. S.

Family record gives nameas Gordon Hayton signed by Evelyn Hayton Hughes and Richard Leroy Hayton. viewed by V. S.

845-207-035-239

Form V. S. No. 1-C-2m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27899

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 2

Hospital St Josephs

FULL NAME OF CHILD Roberta Blanche Hunter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 7 1915

FATHER		MOTHER	
FULL NAME	Wm G. Hunter	FULL MAIDEN NAME	Laura Stratton
RESIDENCE	Lapwai Ida	RESIDENCE	Lapwai Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pullman Wash
OCCUPATION	Teacher	OCCUPATION	

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elmer G Braddock

P Physician

(Physician or midwife)

Address Lewiston Ida

Filed Feb. 10 19 16 L. J. Perkins Registrar

8-Y CO. 24695

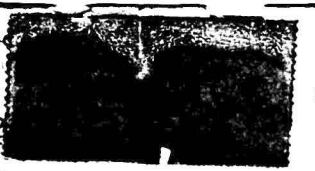
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1949

364-107-035-5



PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27900

County of Nez Perce

City of Lewiston

No. 1618, G. St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 3

FULL NAME OF CHILD Howard Wayne Lomdagin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. Frank Lomdagin	FULL MAIDEN NAME	Lou Elva Nichols
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

Physician (Physician or midwife)

Address Clarkston Wash.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 10 1915 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

99-209-035-364

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1550 Main St.

Hospital

Registration District No. 96

File No. 27901

Primary Registration District No. 1009

Registered No. 4

FULL NAME OF CHILD Dorothy A. Gritman

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	single	3	Yes	1 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. A. Gritman	FULL MAIDEN NAME	Jennie Conner
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	Wn
OCCUPATION	Meat cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sanson, M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb. 10 - 1915 L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-118-035-3

[redacted]

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 201-18th Ave. St.

Registration District No. 96

File No. 27902

Primary Registration District No. 1009

Registered No. 5

Hospital

FULL NAME OF CHILD Ernest Arthur Dole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 18 - 1915

FATHER		MOTHER	
FULL NAME	Ernest A. Dole	FULL MAIDEN NAME	Helen O'Thomas
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Superior, Wis.	BIRTHPLACE	Sabina, Ind.
OCCUPATION	Insurance writer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 6:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Filed Feb. 10 - 19 15 L. J. Perkins Registrar

..... Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943

319-221-035-545

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27903

County of Nez Perce

City of Lewiston Idaho

Registration District No. 96 File No.

No. 216 = 11th St. St.

Primary Registration District No. 1009 Registered No. 6

Hospital

FULL NAME OF CHILD Dorothy Alma Larson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Larson	FULL MAIDEN NAME	Ruby Emerick
RESIDENCE	Webb, Idaho	RESIDENCE	Webb, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Feb. 10 1915 L. J. Perkins Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 1 5 1973

[redacted] 1944

APR 7 19[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~213~~ 123-035-369

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 522 old 16th St.

Hospital

Registration District No. 96

File No. 27904

Primary Registration District No. 1009

Registered No. 7

FULL NAME OF CHILD Casey Edward Vincent Kallman

Sex of Child Male	Twin Triplet or other Single and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G. V. Kallman	FULL MAIDEN NAME	Eula Carder
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	No. Dak.	BIRTHPLACE	Mo.
OCCUPATION	R. R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston

Filed Feb. 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24653

MAY 3 1948

666-124.075-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27905

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 8

FULL NAME OF CHILD Vaughn Trent Woodruff

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 29 1915

FATHER		MOTHER	
FULL NAME	Russell Woodruff	FULL MAIDEN NAME	Eva Trent
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Toronto Can.	BIRTHPLACE	Asotin Wash
OCCUPATION	Mechanic	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward G. Braddock

Physician (Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 10 19 15 L. J. Parkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1974

248-221-035-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. E. Lewiston St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 27906

Primary Registration District No. 1009 Registered No. 9

FULL NAME OF CHILD Mary Eunice Smyth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Smyth	Elizabeth Chapman
RESIDENCE	E. Lewiston	E. Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	46
BIRTHPLACE	West Munster B.C.	London Eng.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Braddock

Physician

(Physician or midwife)

Address Lewiston Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 10 19 16 L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.120.003-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. ..... St.

Registration District No. 83 File No. 27907

Hospital ..... Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Evan J. Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 20, 1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Angus B. Miller	FULL MAIDEN NAME	Mary Inez Mickelsen
RESIDENCE	Lago, Idaho	RESIDENCE	Lago, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or midwife)

Address Grace, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed FEB 1915 John H. Hubbard Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

52 212 003759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Banock

City of Turner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27908

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Essie Egbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	✓		✓	Yes	Jan (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Robert Calvert Egbert	Sarah Jane Perry Egbert
RESIDENCE	Turner Idaho	Turner Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	28 (Years)
BIRTHPLACE	Kays Ville Utah	Slater Ville Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. McLain

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Turner Idaho

Filed Jan 1915 John Hubbard Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 2 1976

County of .....

of .....

St. .....

.....

OF CHILD .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191... (Month) (Day) (Year)

FATHER		MOTHER
	FULL MAIDEN NAME	
	RESIDENCE	
AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
	BIRTHPLACE	
	OCCUPATION	

Number of children of this mother now living, including present birth .....

OF ATTENDING PHYSICIAN OR MIDWIFE*

..... at ..... M.
(Born alive or stillborn)

(Signature) .....

.....
(Physician or midwife)

.....

..... 19 .....
Registrar

CORD

212-110-003-399

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27909

County of Bannock

City of Lago

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clyde Gordon Bassett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 10 1915

FATHER	MOTHER
FULL NAME: Ross Bassett	FULL MAIDEN NAME: Ida Cruchlow
RESIDENCE: Lago Idaho	RESIDENCE: Lago Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

(Signature) John H Hubbard

Physician (Physician or midwife)

Address Grace Idaho

Filed Jan 2 19 15 John H Hubbard Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 197

385-224-003-465

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27910

County of Bannock

City of Grace

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Baby Cherry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Cherry	Lucy Montague
RESIDENCE	Grace Idaho	Grace - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housekeeper.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn); at 3. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Hubbard, Physician

(Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report

.....19.....

Filed Feb. 19. 15 J. F. Hubbard

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-109-018-469

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer, Ida

Registration District No. 49 File No. 2791

No. St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD Jasper J. Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m				yes	1 8 1915

FATHER		MOTHER	
FULL NAME	Frank W. Brown	FULL MAIDEN NAME	Eva C. Morris
RESIDENCE	Kamiah Greer	RESIDENCE	Kamiah Greer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Calif.	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan M. D.

(Physician or midwife)

Address Kamiah, Ida

Given names added from a supplemental report

.....19.....

Filed 2/8 1915 W. J. McMahan

.....
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

689-2 -862

PLACE OF BIRTH

County of [redacted] 2

City of Kamiah

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 27912

Primary Registration District No. 2128 Registered No. .....

FULL NAME OF CHILD VERA ALENE WHITIS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	1 15 1915

FATHER		MOTHER	
FULL NAME	W. J. Whitis	FULL MAIDEN NAME	Dora Hoskins
RESIDENCE	Kamiah Ida.	RESIDENCE	Kamiah, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. McMechan M. D.
(Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/26 1915 W. L. McMechan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis }

Certificate No. 27912

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Vera Alene Whitis (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 15, 1915 (DATE OF EVENT)
in Kamiah Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Vera Alene Whitis
Vera Alene Whitis		

Subscribed and sworn to before me this 11th day of March, 1943

E L Bennett

Notary Public, residing at Toppenish

My commission expires Dec 26, 1943 (SEAL)

Signed W. J. Whitis (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R#1-Toppenish Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1943

E L Bennett

Notary Public, residing at Toppenish

My commission expires Dec 26 1946 (SEAL)

Signed Alice M. Flagg
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Toppenish, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 16 1943

789-227-031-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah (Vicin)

Registration District No. 49

File No. 27913

No. ..... St.

Primary Registration District No. 2128

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	1 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. J. Philips	FULL MAIDEN NAME	Sarah Metcalf
RESIDENCE	Kamiah Ida.	RESIDENCE	Kamiah, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Kentucky.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. McMahan

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah, Idaho.

Filed 1/27 1915 W. S. McMahan Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]—Rm-S-16-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

367-119-031-236

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S./Ida. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

27914

Registration District No. 49 File No. .....

Primary Registration District No. 2128 Registered No. .....

FULL NAME OF CHILD Leo Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	1 / 19 / 1915

	FATHER	MOTHER
FULL NAME	Joseph Cox	Ettie Cox
RESIDENCE	Kamiah, Ida.	Kamiah.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	35
BIRTHPLACE	North Carolina	California
OCCUPATION	Rancher	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbert F. McMahan M.D.

(Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 1/19 1915 W.F. McMahan

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24 1/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27914

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Cox (Name on Original Certificate) who was born (Was Born or Died) on January 19, 1915 (Date of Event)

in Kamiah (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed cox	Leo Cox

Subscribed and sworn to before me this 1 day of February, 1977

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Beth Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vale Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate issued on September 12, 1963 gives father's name as Leo Cox . Viewed by V.S.

FEB 1 19??

Social Security card which is obviously old #542-46-7827 gives name as Leo Cox. viewed by V.S.

296-216-[redacted]-39

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27915

County of Id[redacted]

City of Kamiah (rural)

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD DELIA BROWNING

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	1 16 1915

FATHER		MOTHER	
FULL NAME	Emmett W. Browning	FULL MAIDEN NAME	Edith McRoberts
RESIDENCE	Kamiah, Ida.	RESIDENCE	Kamiah, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/27 1915 W. F. McMahan
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of MALHEUR } ss.

Certificate No. 27915

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Browning (Name on Original Certificate) who was born (Was Born or Died) on January 16, 1915 (Date of Event)
in Kamiah, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School record (Bible Record, Insurance Policy, Etc.) prepared on Grade School record 1924 1932-1933 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Della [redacted] Browning

Subscribed and sworn to before me this 28 day of May, 19 56
Notary Public, residing at Ontario Ore
My commission expires Jan 2 1957
(Seal)

Signed Edith Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
655 N W Fortner Lane Ontario Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 19 56
Notary Public, residing at Ontario Ore
My commission expires Jan 2 1957
(Seal)

Signed Emmitt W. Browning
(Signature of Any Credible Person)
655 N.W. Fortner Lane Ontario Ore
(Street Address, City, State)

FORM DPH 55. 155

JUN 21

533-102-031-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27916

County of Lewis

City of Kamiah

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD Walter Maxwell Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	2 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter W. Ellis.	Jane Ellen Atkinson
RESIDENCE	Kamiah	Kamiah
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	28
BIRTHPLACE	Minn.	England
OCCUPATION	Barber	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan M. D.
(Physician or midwife)

Address Kamiah, Ida.

Given names added from a supplemental report

..... 19.....

Filed 2/13 1915 W. J. McMahan
Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1942

465-128-028-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Medimont

Registration District No. 126 File No. 27917

No. ..... St.

Primary Registration District No. 2204 Registered No. 6

Hospital .....

FULL NAME OF CHILD Chester Donohoe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		9	Yes	Jan 28 1915

FATHER		MOTHER	
FULL NAME	Arthur Donohoe	FULL MAIDEN NAME	Grace Colburn
RESIDENCE	Medimont Ida.	RESIDENCE	Medimont Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 28 1915, at 12:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Feeney

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.. Address Harrison Idaho

..... 19.. Filed Feb 8 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1943

464-121-028-465

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 27918

Primary Registration District No. 2204 Registered No. 5

FULL NAME OF CHILD Tony August Romano

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			3	Yes	Jan (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Romana	FULL MAIDEN NAME	Mary Antonel Montinde
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 21 1915, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney Ida D.
Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 8 1915 R S Jensen
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958-111-028-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rockford bay

No. ..... St.

Hospital .....

Registration District No. 124 File No. 27919

Primary Registration District No. 2204 Registered No. 4

FULL NAME OF CHILD Charles George Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Jan (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. M. Reynolds.	FULL MAIDEN NAME	Della Nelson
RESIDENCE	Rockford bay Idaho	RESIDENCE	Rockford bay Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich	BIRTHPLACE	Md.
OCCUPATION	Soborn	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 11 '15 at 1170 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed Feb 8 1915 R. S. Jensen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1943

695-109-028-299.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Koo Tenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 27920

Primary Registration District No. 2204 Registered No. 34

FULL NAME OF CHILD John MontFord Finney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		2	Yes.	Jan 9 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John M Finney	FULL MAIDEN NAME	Gertrude Bridgeman
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 9 15, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Finney
J. P. Physician
(Physician or midwife)

Address Harrison Idaho

Filed Feb 8 1915 R. S. Jensen
Registrar

8-Y CO. 20174

453-101-028-453

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 27921

Primary Registration District No. 2204 Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	6 (To be answered only in event of plural births)	Yes	Jan (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Angelo Delena	FULL MAIDEN NAME	Angelo Delena
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Saboner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 1 1915 at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Harrison Idaho

Filed Feb 8 1915 R. S. Jensen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-125-028-857

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27922

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 1

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred T. Camm	FULL MAIDEN NAME	Emily Hepden
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	~~Harrison~~ England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Reger

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Feb 8 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1967

735-110-016-819

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

27923

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 247

FULL NAME OF CHILD Edwin Cornelious Schwaegler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191... (Year)
M.				yes.	1-10-15

FATHER		MOTHER	
FULL NAME	B. H. Schwaegler	FULL MAIDEN NAME	Hazel Hanby
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 0 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 1st 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 26 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 10 13 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 27923

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Schwaegler (Name on Original Certificate) who was born (Was Born or Died) on January 10, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	~~Edwin C. Schwaegler~~ Edwin Cornelious Schwaegler

Subscribed and sworn to before me this 26 day of June, 19 74

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Jeannette Schwaegler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Box 135 Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Insurance Policy # 27,074 issued May 13, 1964 Grange Mutual Life Company - Jessie Jeannette Schwaegler - Insured - Beneficiary Husband Edwin Cornelious Schwaegler.
Viewed by VS

JUN 2 6 1974

Own childs birth certificate Carol Sue Schwaegler born June 5, 1948 at Rupert, Idaho State file # 48-15679 gives fathers name as Edwin C. Schwaegler.
Viewed by VS

753-217-016-362

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 27927

Primary Registration District No. 2196

Registered No. 254

FULL NAME OF CHILD VERA MAUDE PETERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	1 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J H Peterson	FULL MAIDEN NAME	Elizabeth Coshell
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R T Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb 1st 1915 Dr J C Patterson

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 27927

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Vera Maude Peterson (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Jan. 17th 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vera Maude Peterson
Place	not given	Burley, Idaho

Subscribed and sworn to before me this 14th
day of August, 1942

Thomas D. Thomson

Notary Public, residing at Tujunga Calif

My commission expires My Commission Expires July 2, 1946
(Seal)

Signed X Mrs. Maude Elizabeth Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6854 Quentin Ave Tujunga Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 27 1942

AUG 2 9 1942

791-2-03-016-313

PLACE OF BIRTH Amended 9/12/78

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Registration District No. 117 File No. 27928

Primary Registration District No. 2196 Registered No. 235

FULL NAME OF CHILD Anita Pratt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female				1 (Month) — 3 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Pratt	FULL MAIDEN NAME	Lotty Tallop
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Jan 4th 15 29 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 1st 1915 Dr. J. C. Patterson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

9/23/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 16 12 28 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss
County of Nez Perce

Certificate No. 27928

Date Filed

sister of Anita Pratt.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pratt (Name on Original Certificate) who was born (Was Born or Died) on January 3, 1915 (Date of Event)
in Burley, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by actual knowledge (Bible Record, Insurance Policy, Etc.) prepared on present at birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Pratt	Anita Pratt
birth date	January 15, 1915	January 3, 1915

Subscribed and sworn to before me this 10th day of August, 19 78

Notary Public, residing at Lewiston

My commission expires Oct 28, 1928

(Seal)

Signed Zola T. (Pratt) Crawforth
Zola T. Pratt Crawforth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Membership record from the LDS Church gives name as Anita Pratt born Jan 3, 1915 at Burley, Idaho. father's name as Samuel R. Pratt and mother's name as Charlotte Talbot. Baptized Aug 5, 1923. ~~xxxx~~ viewed by V. S.

SEP 14 1978

School record from Lindsay School, and Lewiston Senior High scholl gives name as Anita Pratt, father listed as S. R. ~~Rax~~ Pratt. Jan 3, 1915 date of schoolrecord 9-12-27. viewed by V. S.

SEP 14 1978

344-10

PLACE OF BIRTH

STATE OF UTAH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Burley

Registration District No. 117 File No. 2736

No. ..... St.

Primary Registration District No. 2196 Registered No. 246

Hospital .....

FULL NAME OF CHILD FRANK RAYMOND Cummins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Jan. 3 1915

FATHER		MOTHER	
FULL NAME	F. M. Cummins	FULL MAIDEN NAME	Lou Briggs
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Feb 1st 1915 Dr. J. C. Patterson

..... Registrar

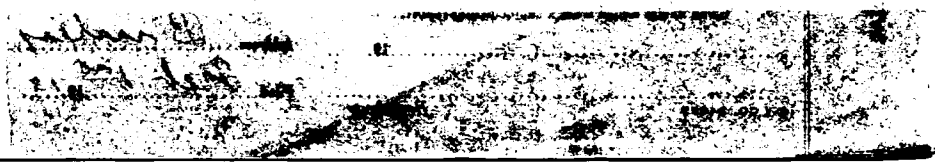
Registrar

B-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

COPY OF RECOD of. BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CRTIFICATE OF BIRTH

21756

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117.

File No. _____

Primary Registration Distric No. _____

Registered No. _____

Full Name of Child Frank Raymond Cummins

SEX OF CHILD: Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yrs

DATE OF BIRTH 1/3/1915. (Month) (Day) (Year) 19

FATHER	MOTHER
FULL NAME: F.M. Cummins	FULL MAIDEN NAME: Lou Briggs
RESIDENCE: Burley, Ida	RESIDENCE: Burley, Ida.
COLOR: White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Tenn.
OCCUPATION: Laborer	OCCUPATION:

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.C. Patterson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Burley, Ida.

Registrar

Filed ..... 19 ..... Issued by F.H.C.

strar

.1980

AUG 19 1968

FEB 24 1943

595-272-016-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27937

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2194 Registered No. 245

FULL NAME OF CHILD Baby Nielson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	1-12-15 191...

FATHER		MOTHER	
FULL NAME	L. G. Nielson	FULL MAIDEN NAME	Vera Lamb
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Filed Feb 1 25 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1975

29-209-016-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 27938

Primary Registration District No. 2196 Registered No. 244

FULL NAME OF CHILD Hazel Kidd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F				yes	1-7-15 1915

FATHER		MOTHER	
FULL NAME	J. T. Kidd	FULL MAIDEN NAME	Ellen Bemis
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Feb. 1st 1915 Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1957

163.111.016 8 K 2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27939

County of Lemhi

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 242

Hospital

FULL NAME OF CHILD Hal Jolley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	1-11-15 191

FATHER		MOTHER	
FULL NAME	Ken Jolley	FULL MAIDEN NAME	Mame Huber
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Feb 1st 1915 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JAN 6 1943

133-104-016-418

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 27940

Primary Registration District No. 2196 Registered No. 241

FULL NAME OF CHILD Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Jan. 4th 1915

FATHER		MOTHER	
FULL NAME	J. H. Allen	FULL MAIDEN NAME	Katherine Dayley
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Feb. 1st 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1969

569.107101b-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27941

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 240

FULL NAME OF CHILD Jesse Riley Hanlon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes.	Jan. 7th 1915

FATHER		MOTHER	
FULL NAME	J. E. Hanlon	FULL MAIDEN NAME	Mary Holt.
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Filed Feb 1st 1915 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24655

JUN 16 1959

OCT 12 1943

238-23-016248

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

27942

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 239

FULL NAME OF CHILD Antoinette Marie Schadde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Jan. 31st 1915

FATHER		MOTHER	
FULL NAME	F. H. Schadde	FULL MAIDEN NAME	Marie Buhler
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Baker	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.40 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb-1st 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

JAN 29 19

APR 7

719.12-016793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 27943

Primary Registration District No. 2196 Registered No. 137

FULL NAME OF CHILD Ralph Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin	2nd	Yes	Jan. 21st 1915

FATHER		MOTHER	
FULL NAME	J. W. Gardner	FULL MAIDEN NAME	Lillie Pitt
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 1st 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1974

719-21-016793

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27944

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 236

Hospital

FULL NAME OF CHILD Ruth Gardner

Sex of Child Fe | Twin, Triplet or other? Twin | and | Number in order of birth 1st | Legitimate? Yes | Date of Birth Jan. 21st (Month) (Day) 191-5 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J. W. Gardner	FULL MAIDEN NAME Lillie Pitt
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Feb. 1st 1919 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

K

OCT 2 5 1976

375.205.016.299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... *St.*

Hospital .....

Registration District No. 117 **File No.** 27945

Primary Registration District No. 2196 **Registered No.** 238

FULL NAME OF CHILD Pauline Clegg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan. 5th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Clegg	FULL MAIDEN NAME	Cora Bird
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sugar-man	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Feb 1st 1915 Dr. J. C. Patterson
Registrar

Registrar

6-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 26 10 49 AM '72

State of Utah } ss.
County of Davis

Certificate No. 27945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clegg (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Pauline Clegg

Subscribed and sworn to before me this 22nd day of December, 1972.

Keith L Stahle
Notary Public, residing at BOUNTIFUL, UTAH
My commission expires MAY 15, 1975
(Seal)

Signed Cora Bird Clegg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

711 S 1st E Orem Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of DAVIS

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND day of December, 1972.

Keith L Stahle
Notary Public, residing at BOUNTIFUL, UTAH
My commission expires MAY 15, 1975
(Seal)

Signed Eva B. Probert
(Signature of Any Credible Person)

951 Church St. Layton Utah 84041
(Street Address, City, State)

FORM DH 60-155 CL 12/7/72

Certificate of Birth from LDS Church gives name as Pauline Clegg born January 5, 1915. Father's name given as Lewis Clegg and mother's name given as Cora Bird. Entered on record Jan. 17, 1915. Viewed by V. S.

JAN 2 1973

Certif. of Live Birth from Utah gives child's name as Judy Ann Meadows born Nov. 22, 1942/ Father's name given as Louis Wilbur Meadows and the mother's maiden name given as Pauline Clegg. Viewed by V. S.

815-112-016-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27946

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 248

Hospital

FULL NAME OF CHILD Calvin Grant Hanna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	1-12-15 1915

FATHER		MOTHER	
FULL NAME	G. C. Hanna.	FULL MAIDEN NAME	Edna Sheffield
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.34 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Feb. 1st 1915 Dr. J. C. Patterson
Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

City of Marshlake R.F.D. Burley

Registration District No. 117 File No. 27947

No. ..... St.

Primary Registration District No. 2196 Registered No. 253

Hospital .....

FULL NAME OF CHILD Walter Albert Gerard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Gerard	FULL MAIDEN NAME	Clara Ackerman
RESIDENCE	Marshlake Burley R.F.D. 1	RESIDENCE	Marshlake R.F.D. Burley 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	California U.S.A.	BIRTHPLACE	California U.S.A.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Cramer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed Feb 1st 1915 Dr. J. C. Patterson Registrar

Registrar

S-Y CO. 24655

Certified Copy issued Jan. 17, 1941. E.W.

JAN 26 1953

453128-016249 **Child's name added 10-18-05 ns**

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 27948

Primary Registration District No. 2196 Registered No. 252

FULL NAME OF CHILD Evelynne Marvis Methend

Sex of Child: F

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 1 (Month) 27th (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: J. H. Methend	FULL MAIDEN NAME: Luella Burns
RESIDENCE: Burley, Ida.	RESIDENCE: Burley Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Colo.
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 1st 1915

Dr. J. C. Patterson Registrar

B-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 2005

05 OCT 13 AM 9:50

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of CASSIA } SS

Certificate No. 15-27948
Date Filed 2-01-1915

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)
for baby girl Metherd (Name on Original Certificate) who was born (Was Born, Died, etc.) on 01-28-1915 (Date of Event)
in BURLEY, CASSIA COUNTY (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
childs given name.	unnamed baby girl	EVELYNNE MARVIS METHERD

Subscribed and sworn to before me this 17 day of Oct, 2005
Notary Public, See Attached
Residing at "
My commission expires "
(Seal)

Evelynne Marvis Metherd Stumbo
Signature of Applicant
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Tehama } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant
Street Address, City, State and Zip

Allstate.
You're in good hands.

OR ID CARD FOR EVELYNNE MARVIS STUMBO DOB 1-28-21 ISSUED 05-14-1998
VIEWED BY VS

SSA BENEFITS LETTER DATED 03-09-98 FOR EVELYNNE M STUMBO VIEWED BY VS

MEDICARE ENROLLMENT FOR EVELYNNE M STUMBER DATED 05-11-99 VIEWED BY VS

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Tehama } ss.

On Oct 17 2005 (Date) before me, Josh Jaramillo (Name and Title of Officer (e.g., Jane Doe, Notary Public)),
personally appeared Evelynne Marvis Methard (Name(s) of Signer(s)),

☐ personally known to me
☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Josh Jaramillo
Signature of Notary Public

JOSH JARAMILLO
Commission # 1571609
Notary Public California
Tehama County
My Comm. Expires Apr 22, 2009

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit to Correct or Amend An Original Certificate

Document Date: 10-17-05 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: Evelynne Marvis Methard

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

☒ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

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466 219.016-357

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 27949

Primary Registration District No. 2196 Registered No. 251

FULL NAME OF CHILD Ruth Irene ~~[illegible]~~ Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Jan 19 ~~17~~ 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. J. ~~[illegible]~~ Moore	FULL MAIDEN NAME	Lottie Legue
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed Feb 1st 1915 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Correction also made on cert. #16636--Elinore M. Moore

RECEIVED
JUN 27 1940

June 22, 1940.

Mae G. Atwood:

In regard to your letter of June 11, 1940.

I, William M. Moore, married Lottie Legue and in this union two children were born, which you have on file as Elnora Morse, (No. 16636) born Sept. 30, 1913. And Ruth Morse born Jan. 19, 1915.

I wish to make a correction in the names of these children.

The first child which you have on file as Elnora Morse should be ~~Elinore~~ M. Moore and ~~the~~ other Ruth Morse, should be Ruth Moore.

Yours very truly,

William J. Moore

William J Moor

Subscribed and sworn to before me, a Notary Public for Wayne County, Michigan, this 26th day of June, 1940.

Chas. J. Bunce

Notary Public, Wayne County, Michigan.
Commission expires 11-13-42.

MAR 27 1969

449-222-016-133

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... *St.*

Hospital .....

Registration District No. 117 **File No.** 27950

Primary Registration District No. 2196 **Registered No.** 249

FULL NAME OF CHILD Carol Muir

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Jan. 22nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Muir	FULL MAIDEN NAME	Nannie Allen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Feb 1st 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1943

255-206-016-789

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 27952

Primary Registration District No. 2196 Registered No. 257

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	1 5 1915

FATHER		MOTHER	
FULL NAME	C. W. Bennet	FULL MAIDEN NAME	Emma Pyrah
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed Feb. 9 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386126-016-243

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27953

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 256

FULL NAME OF CHILD Marvin Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 26 1915

FATHER		MOTHER	
FULL NAME	Jas M Thompson	FULL MAIDEN NAME	Elizabeth Butler
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	West Va	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R T Sloan
Burley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 9 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-22-6-94

CHILDS NAME AMENDED 2/25/03 LLT

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 27954

Primary Registration District No. 2196 Registered No. 255

FULL NAME OF CHILD Not Named LUCY AUGUSTA OWENS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	1 - 27 1915

FATHER	MOTHER
FULL NAME Hans Owens	FULL MAIDEN NAME Grey Kidd
RESIDENCE Hazel Ida	RESIDENCE Hazel Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Alabama
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. T. Storey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Feb 9 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-4-02

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____

Certificate No. 1915-27954
Date Filed 2-9-15

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Baby Girl Owens (Name on Original Certificate) who was born (Was Born, Died, etc.) on January 27, 1915 (Date of Event)

in Burley (Cassia) Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full Name of Child	Baby Girl Owens	~~Lucy Owens~~ Lucy Augusta Owens LUCY AUGUSTA OWENS

Subscribed and sworn to before me this 27th day of January 2003.

Notary Public, Gwenna Prescott

Residing at Jerome, ID

My commission expires 6/29/05
(Seal)

GWENNA PR... NOT... P... STA... IDAHO

Lucy Augusta Owens
Signature of Applicant

306 Sunnyview Twin Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 ccpd

Magic Valley Regional Medical Center Patient's data dated 6/27/91 Patient #M0104219 shows childs name as Lucy A. Harmon born on 1/27/1915 maiden name as Lucy A. Owens. Viewed by V.S.

Twin Falls County, Idaho Marriage License for Elmer Harmon and Lucy Owens date of marriage 8-17-1933. Viewed by V.S.

Idaho Live Birth for Elmer Hans Harmon born on 4-8-34 in Twin Falls, Idaho, State File # 1934-222288 states mother as Lucy Augusta Owens and father as Elmer B. Harmon. Viewed by V.S.

689-202-014-689

PLACE OF BIRTH

[redacted] IDAHO

[redacted] Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10[redacted]-30-11

27955

County of Canyon

City of Payette

Registration District No. 4

File No.

No. , St.

Primary Registration District No. 1008

Registered No. 1

Hospital

FULL NAME OF CHILD Laura May Whipple

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		Yes	Jan. 2, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Q Whipple	FULL MAIDEN NAME	Sarah Whipple
RESIDENCE	Boise	RESIDENCE	Boise
[redacted]	white AGE AT LAST BIRTHDAY 52 (Years)	COLOR	white AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah E Hoagland

Midwife (Physician or Midwife)

Given name added from a supplemental report

, 19

Registrar

Address

Filed Jan. 7 1915 J C Woodward Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 1968

693-K3-01X-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27956

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 2

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	6	yes	Jan 3 1915

FATHER		MOTHER	
FULL NAME	Wm R Williams	FULL MAIDEN NAME	Maggie R Smith
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Colton Oregon	BIRTHPLACE	Osceola Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O O Barton M D

(Physician or midwife)

Given names added from a supplemental report

Jan 13 1914 J C Woodward
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318.213.014.791

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 4 **File No.** 27957

Primary Registration District No. 1008 **Registered No.** 3

FULL NAME OF CHILD Dorothy Lucille Taylor

Sex of Child female	**Twin Triplet or other?** one **and** **Number in order of birth** 3 (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Jan (Month) 13 (Day) 1916 (Year)

FATHER		**MOTHER**	
FULL NAME	Arthur G Taylor	**FULL MAIDEN NAME**	Ruth Graham
RESIDENCE	Payette	**RESIDENCE**	Payette
COLOR	White	**COLOR**	white
AGE AT LAST BIRTHDAY	42 (Years)	**AGE AT LAST BIRTHDAY**	33 (Years)
BIRTHPLACE	Iowafalls Ia	**BIRTHPLACE**	Tusco Ill.
OCCUPATION	farmer	**OCCUPATION**	housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 2 45 P.M **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Barton M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ *Registrar*

Address _____

Filed Jan 20 1916 J. C. Woodward *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1953

613.105-014-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27959

County of Payette, Canyon

City of Payette

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 5

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 5 1915

FATHER		MOTHER	
FULL NAME	Garland C. Walters	FULL MAIDEN NAME	Mary Young
RESIDENCE	Payette, Ida	RESIDENCE	Payette, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Phys
(Physician or midwife)

Payette, Ida.
Address

Given names added from a supplemental report

19

Registrar

Filed Jan. 28 19 15

J C Woodward
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-306068

285-127-014-462

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27960

County of Canyon

City of Payette

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** .....

Primary Registration District No. 1008 **Registered No.** 6

FULL NAME OF CHILD .....

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Jan. 27 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Wm. F. Sherwood	**FULL MAIDEN NAME**	Clara M. Rose
RESIDENCE	Payette, Ida	**RESIDENCE**	Payette, Idaho
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	44 (Years)	**AGE AT LAST BIRTHDAY**	35 (Years)
BIRTHPLACE	Minn.	**BIRTHPLACE**	Wyo.
OCCUPATION	Brick Maker	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Woodward

Phys. (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed Jan. 28, 1915. J. C. Woodward *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

756-116-025-215

PLACE OF BIRTH

County of Idaho

City of Woodland

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 27965

Primary Registration District No. 2184 Registered No. 52

FULL NAME OF CHILD Ardin J George

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male	X	yes	Jan 16 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo L George	FULL MAIDEN NAME	Lydia C Sanders
RESIDENCE	Woodland Idaho	RESIDENCE	Woodland
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Woodland - Idaho

Filed Jan 30 1915 J M Verbeckmoes Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 15 19[illegible]

SEP 2 0 1976

816·218·025·283

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No ....., ... *St.*

Hospital .....

Registration District No 106 **File No.** 27966

Primary Registration District No. 2184 **Registered No.** 53

FULL NAME OF CHILD Ada Enola Hawkins

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	1 – 18 1915

FATHER		MOTHER	
FULL NAME	Madison Francis Hawkins	FULL MAIDEN NAME	Lila Bell Sylvester
RESIDENCE	Elk City Ida	RESIDENCE	Elk City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed Jan 30 1915 J M Verbeckens Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAY 4 1976

814-131-0
25-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

27967

County of Idaho

City of Stites

No ....., ... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 5-4

FULL NAME OF CHILD EVERETT J. HAMMONS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	Om			Yes	Jan. 31, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver ~~Mammond~~ HAMMONS	FULL MAIDEN NAME	Cora Wilkison
RESIDENCE	Stites	RESIDENCE	~~Stites~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed Jan 30 1915 J. M. Verbeekmans Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

My son, Everett J. Hammons , was born January 31,1915 at Stites, Idaho. The midwife was Mrs Lyle The Doctor was ** none. He was the 4th child in the family.

The fathers name is Oliver Andrew Hammons. My name is Cors Ann Hammons.

Some time ago Everett wrote for his Certificate giving the preceeding information. You had all the information correct exc the spelling of the last name. It should be Hammons instead of Mourmons.

Would you please send him his birth certificate. His address is 2022 Warren Avenue, Seattle , Washington

Oliver A. Hammons Signed by Cora A. Hammons

of Everett J. Hammons

Mother to Everett J. Hammons.

FEB

Subscribed and sworn to before me a Notary Public for Klamath County and State of Oregon On this 4th day of Feb. 1943.

B E Walford
Notary Public for Oregon

My commission expires Jan

FEB 27 1943

462-115-025-125

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27968

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 51

Hospital

FULL NAME OF CHILD Bess Abell Mosher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. G. Mosher	Ruby Abell
RESIDENCE	Kooskia Idaho	Kooskia Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	48 (Years)	32 (Years)
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 30 1913 J. M. Verbeck
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1975

213-212-025-219

Form V. S. No. 1-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 10

File No. 27969

Primary Registration District No. 2184

Registered No. 50

FULL NAME OF CHILD Wanda Floriane Baldwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William A. Baldwin	FULL MAIDEN NAME	Grace Bartelt
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed Jan 30 1915 J. M. Verberkmoes
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22961

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Idaho (b) City Stites
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
rn on farm near Stites
e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 5 yrs.
3. RESIDENCE OF FATHER (city, state) Stites, Idaho

FULL NAME OF CHILD Wanda Lorraine Baldwin
5. Date of Birth of Child (Month, day, year) Jan. 12, 1915
Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME William Alexander Baldwin
Color or Race white
12. Age at time of THIS birth 34 yrs.
Birthplace near Louisville, Kentucky (City or town) (State or foreign country)
Exact Occupation farming
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Dell Bartelt
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mt. Hope, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

te of Idaho
nty of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears tem 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Dr. Verberkmoes (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Grace Dell Baldwin Signature
Medical Lake, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) [signature] Notary Public, residing at Medical Lake, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on MAY 18 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-115-037-279

PLACE OF BIRTH

County of Owyhee

City of Silver

No. ..... St.

Hospital .....

[illegible] named. (died Jan. 19, 1915)

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 43 File No. 27972

Primary Registration District No. 2120 Registered No. 13

[illegible]	[illegible]	and Number in order of birth (Registered only in event of plural births)	Legitimate? Yes	Date of Birth Jan. (Month) 15 (Day) 1915 (Year)
[illegible] male				

FATHER		MOTHER	
FULL NAME	Harry Ira C. Benson	FULL MAIDEN NAME	Nara Matilda Spidell
RESIDENCE	Dewey	RESIDENCE	Dewey, Owyhee Co. Ida
COLOR	White. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Warsaw, Missouri.	BIRTHPLACE	Thurman Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) (No physician or nurse in attendance)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed January, 20, 1915. W. H. Schuyler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] for each and the number of each, in order of birth stated.

Form V. E. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Cl

No

Ho

Male

258-120-079-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27976

County of Power

City of American Falls

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No.

Hospital

FULL NAME OF CHILD Leonard Charles Behrens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Charles Behrens	FULL MAIDEN NAME	Sophia Emma Muller
RESIDENCE	American Falls Ida	RESIDENCE	American Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	New York	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician
(Physician or midwife)

Given names added from a supplemental report.

Feb 12 1915

R.F. Noth M.D.
Registrar

Address American Falls Idaho

Filed Jan 21 1915

R.F. Noth M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 - 1953

T65-104 469

PLACE OF [redacted]

County of Bo[redacted]

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 27985

Primary Registration District No. 2019 Registered No. 38

FULL NAME OF CHILD Johnnie Jessie Porcia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			Yes	Jan 28 1915 (Month) (Day) (Year)

FATHER

FULL NAME Carlo Porcia

RESIDENCE Caldwell

COLOR Italian AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Italy

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Domenica Morriggia

RESIDENCE Caldwell

COLOR Italian AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Italy

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Had no one but herself and husband. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 10 1915 May Fitz Deputy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

513129-040-493

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27987

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123

File No. 3

Primary Registration District No. 2201

Registered No. .....

FULL NAME OF CHILD LLOYD WILLIAM Eaton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	L	1 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Eaton	FULL MAIDEN NAME	Lillie Mills
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lesher M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 1/29/1915 Geo. S. Lesher Registrar

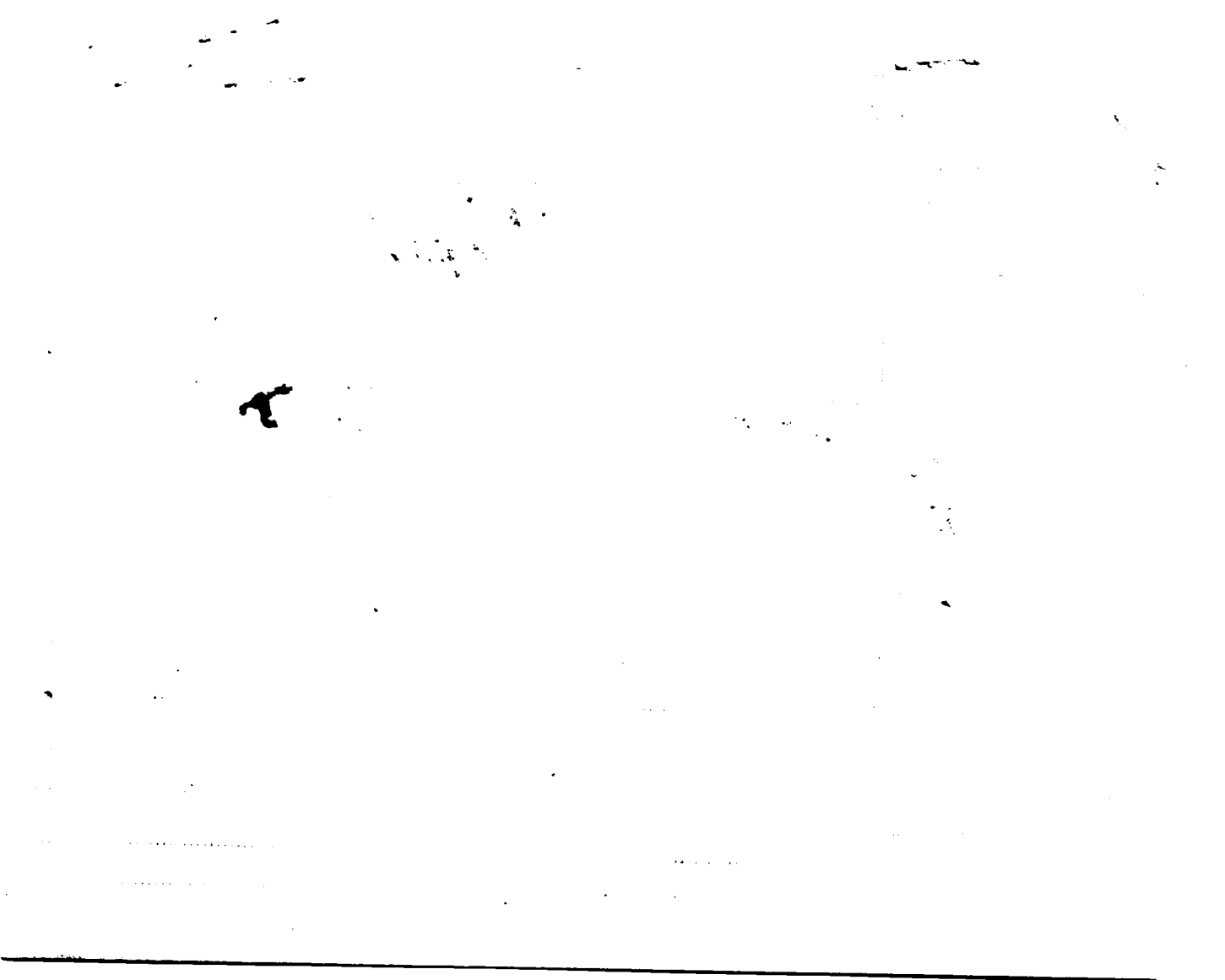
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Wahkiakum }

Certificate No. 27987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Lloyd William Eaton (Name on original certificate) who was born on Jan. 29- 1915 (Was born or died) (Date of event)
in Kellogg Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptesmal (Bible record, insurance policy, etc.) prepared on Feb. 1923. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Eaton	Lloyd William Eaton
Lloyd William Eaton		
Jan. 29, a. 1915		

Subscribed and sworn to before me this 30th day of June, 1943

Nevada Shamley
Notary Public, residing at Cathlamet Wn.
My commission expires Jan. 1947
[SEAL]

Signed Mrs Lillie E Lonkin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cathlamet Wn. Route 1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Wahkiakum }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1943

Nevada Shamley
Notary Public, residing at Cathlamet Wn.
My commission expires Jan. 1947
[SEAL]

Signed Erwin L Lonkin
(Signature of any credible person other than the previous affiant.)
Cathlamet Wash
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 6 1948

662 204.040-555

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27988

County of Shoshone

City of Kardner

No. ..... St.

Hospital .....

Registration District No. 1 V3 File No. 2

Primary Registration District No. V V 0 1 Registered No. .....

FULL NAME OF CHILD Mary Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1	Yes	Jan 4 1913

FATHER		MOTHER	
FULL NAME	Conrad Foster	FULL MAIDEN NAME	May Heeden
RESIDENCE	Kardner	RESIDENCE	Kardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23
BIRTHPLACE	Wis	BIRTHPLACE	Colorado
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/13 1915 Geo. A. Lasher Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

V65-210-040-369

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27989

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

Registration District No. 123 File No. ~~[illegible]~~ 1

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L	1 10 1915

FATHER		MOTHER	
FULL NAME	Kuzma Dowcain	FULL MAIDEN NAME	Jane Corbie
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dead at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Doctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1/13 1915 Geo. S. Lasher
Registrar

Registrar

2-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-131-040-458

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 27990

Primary Registration District No. 2200 Registered No. 16

FULL NAME OF CHILD Orville Ralph Bennett

Sex of Child: M	Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Y	Date of Birth 1 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Bennett	FULL MAIDEN NAME	Burdeen Myers
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Neb	BIRTHPLACE	Ill
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Feb 15 1915 H. C. Mowery Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

763-230-040-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 27991

Primary Registration District No. 2200 Registered No. 15

FULL NAME OF CHILD JOSEPHINE CATHERINE POLLA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jean Polla	FULL MAIDEN NAME	Katie Mayinning Mayinning
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb 1 1915 H. C. Mowery Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 20 1942

DECEASED

ed States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

27791

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:

(a) County Shoshone (b) City Mullan

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home ..... days.

In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these

(a) State ..... (b) County .....

(c) City .....

(d) Street Address or R.F.D. No. .....

(e) How long has **MOTHER** lived in Idaho? ..... yr

(f) Mother's mailing address (For registration notice):

..... (Street or R. F. D.) ..... (Postoffice)

3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD JOSEPHINE CATHERINE POLLA

5. Date of Birth (Month, day, year) Jan. 30, 1915

Sex F. **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

FULL NAME Jean Polla

Color or Race White **12. Age at time of THIS birth** 26 yrs.

Birthplace Italy (City or Town) (State or foreign country)

Exact Occupation Miner

Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Mayinning

17. Color or Race White **18. Age at time of THIS birth** 24 yrs

19. Birthplace Italy (City or Town) (State or foreign country)

20. Exact Occupation Hwf.

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum .....

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

(c) Born alive and now dead (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:45 A. M. on the dat

and at the place stated above, and that personal particulars were furnished by Katie (First name) Polla (Last name), who i

related to this child as Mother (Mother, etc.)

(a) MAY 18 1942 (Date received) (b) ..... (Registrar's signature)

Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature James R Bean M.D (D.O., Midwife, etc.

and address Wallace, Idaho Date May 14, 194

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu ıereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the ending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars uired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the dat irth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, n ıouseholder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or privat titutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth ha ccurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatu ıake a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval tha lays after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that ıose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other pe harged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fi ıroper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a lemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deliv

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-128-040-639

JUA

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 27992

Primary Registration District No. 2200 Registered No. 14

FULL NAME OF CHILD Roy Eugene Torkelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl E. Torkelson	FULL MAIDEN NAME	Agnes M. Flink
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	2400

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 1 1915 H. C. Mowery Registrar

8-Y CO. 20174

AUG 6 1970

168-131-040-695

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27993

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 13

Hospital

FULL NAME OF CHILD Costa Clifford Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	2nd	Yes	Jan 31, 1915

	FATHER	MOTHER
FULL NAME	Geo Johnson	Stina Fredborg
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY	40 (Years)	26 (Years)
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Wallace Ida.
(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

Filed Feb 1 1915 W. G. Mowry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

CERTIFICATE OF BIRTH

24994

City of Moscow

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 12

Hospital

FULL NAME OF CHILD Rose Pauline

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: January 19 (Month) (Day) 1915 (Year)

FATHER

FULL NAME: Frank Pauline

RESIDENCE: Moscow

COLOR: W

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Austria

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Jennie Koshir

RESIDENCE: Moscow

COLOR: W

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Austria

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 1/2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physicians (Physician or midwife)

Address Moscow, Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 30 19 15 T. E. Mowery
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Minnesota, County of St. Louis, Certificate of Marriage, dated June 16, 1934 give full name of groom as Frank Press and full name of bride as Rose Pauline - viewed by V.S.

Statement from Myren E. Fahey, Junior-Senior High Principal, Independent School Dist. #699, Gilbert, Minnesota, states "Rose Pauline, daughter of Frank Pauline & Jennie Koshier, according to our records was born on Jan. 19, 1915. According to our school records Rose Pauline entered the Gilbert School on August 30, 1920." - statement written March 29, 1962 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of MINNESOTA
County of St.Louis

Certificate No. 27994
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pauline (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1915 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on JULY 17TH, 1951 (Give Date), are:
AND THAT I AM THE BROTHER OF SAID ROSE PAULINE

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rose Pauline

Subscribed and sworn to before me this 29TH day of MARCH, 19 62

FRANK V. INDIHAR

Notary Public, residing at GILBERT, ST. LOUIS COUNTY, MINN.,
My commission expires AUG. 26TH, 1966.
(Seal)

Signed Henry L. Pauline
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

118 MINN. AVE. W., GILBERT, MINN.,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MINNESOTA
County of ST. LOUIS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29TH day of MARCH, 19 62

FRANK V. INDIHAR

Notary Public, residing at GILBERT, ST. LOUIS COUNTY, MINN.,
My commission expires AUG. 26TH, 1966.
(Seal)

Signed Katherine M. Stafe
(Signature of Any Credible Person)

BROADWAY ST., GILBERT, MINN.
(Street Address, City, State)

FORM DN 60-155

CL 3-26-62. ~~nm~~ one copy pd. rec. #9086.

APR 1[illegible] 1962

493-117-040-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Black Bear

Registration District No. 122 File No. 27995

No. ..... St.

Primary Registration District No. 2200 Registered No. 11

Hospital .....

FULL NAME OF CHILD Robert Carothers Dillon

Sex of Child M	Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Y	Date of Birth 1 (Month) / 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Dillon	FULL MAIDEN NAME	Rena Smith
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Tenesee	BIRTHPLACE	Joplin Mo.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke, Ida.

Filed Jan 20 1915 H. P. Mowery Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1942

299-109-040-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27996

County of Shoshone

City of Success Mine

Registration District No. 122 File No.

No. — St.

Primary Registration District No. 2200 Registered No. 10

Hospital —

FULL NAME OF CHILD Jennie Krzywkowski

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one	3rd	yes	Jan 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Krzywkowski	FULL MAIDEN NAME	Maggie Wilk
RESIDENCE	Success Mine	RESIDENCE	Success Mine
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Galicia	BIRTHPLACE	Galicia
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:50 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians
(Physician or midwife)

Address Wallace, Ida.

Filed Jan 20 1915 H. C. Mowery
Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-109-040-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Sunset

No. ..... St.

Hospital Private

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27997

Registration District No. 122

Primary Registration District No. 2200

File No. .....

Registered No. 9

FULL NAME OF CHILD Curtick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	One	1st	Yes	Jan 9 1915

FATHER		MOTHER	
FULL NAME	Ofon Mitchel Curtick	FULL MAIDEN NAME	Beatrice Irezona
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Jordan	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:42 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Doc Howard
Physician
(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report.

..... 19.....

Filed Jan 20 19 15 T. C. Mowry
Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113.109-090-262

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

27999

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 7

FULL NAME OF CHILD JOHN WILLIAM JACKSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 9 1915

FATHER		MOTHER	
FULL NAME	John Jackson	FULL MAIDEN NAME	Mary Robins
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 20 1915 T. F. Mowery Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

f States
tment of Commerce
u of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

LACE OF BIRTH:
.) County Shoshone (b) City Wallace
:) Street Address or R.F.D. No.
l) Name of Hospital or Maternity Home:
:) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)
3. **RESIDENCE OF FATHER** (city, state)

ULL NAME F CHILD John William Jackson
5. Date of Birth (Month, day, year) 1/9/1915
ex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

ULL AME John Jackson
:olor r Race W
12. Age at time of THIS birth 32 yrs.
:irthplace Austria (City or Town) (State or foreign country)
:xact Occupation Miner
ndustry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Koshiva
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Austria (City or Town) (State or foreign country)
20. Exact Occupation HW
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Zoyo Argyrol
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was Female (born alive, stillborn) M. on the date
and at the place stated above, and that personal particulars were furnished by Mary Jackson (First name) (Last name), who is
related to this child as Mother (Mother, etc.)

(a) ..... (Date received) (b) ..... (Registrar's signature)
Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** James R Bean M.D. (D.O., Midwife, etc.)
and address Wallace Date .....

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of tl tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particula quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the d birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or priva stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth h occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signat make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval th days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacte

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that pose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other p charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a demeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deliv

.....

(4) Signature of Physician:

.....

589-208-040-264

Form V. S. No. 11-C—Rev-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28000

County of Shoshone

City of Frisco

No. ..... St.

Hospital —

Registration District No. 122

File No. .....

Primary Registration District No. 2200

Registered No. 6

FULL NAME OF CHILD Aina Constance Ehrenberg

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	3rd	yes	Jan 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. W. Ehrenberg	FULL MAIDEN NAME	Anne Soderlund
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida.

..... 19....

Filed Jan 20 1915 H. S. Mowery

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, must be made.

SEP 26

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1968 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Pierce

Certificate No. 28000

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ehrenberg (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on January 8, 1915 (Date of Event) in Frisco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on 4-12-1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Aina Constance Ehrenberg

Subscribed and sworn to before me this 28th day of September, 1968

J. Van Self

Notary Public, residing at Tacoma

My commission expires 5-20-71

(Seal)

Signed Nay Ehrenberg Wojtowitz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8620 Mt. Tacoma Dr. SW. - Tacoma Wn

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1968

Notary Public, residing at Tacoma

My commission expires 5-20-71

(Seal)

Signed E. C. Farrest

(Signature of Any Credible Person)

Rt. 2 Box 373A Sunnyside Wn

(Street Address, City, State)

RUSH) FORM DH 80. 155 CL 9-26-68. one copy sent with letter, rec. #1671

Photo copy of Baptismal Record, Luthern Church, gives name as Aina Constance, daughter of J. W. Ehrenberg and Annie Ehrenberg, born Jan. 8, 1915 at Gem, Idaho, gives date as April 12, 1916, signed by J. Richard Olson, Luth. Pastor - viewed by VS OCT 8 1968

Photo copy of Marriage Certificate, State of Washington, County of Franklin, September 25, 1937, gives name of groom as Elmer C. Forrest and name of bride as Aina Ehrenberg - viewed by VS.

Photo copy of Driver's License, #FO-RR-EA-C858BF, expires January 6, 1969, gives name as Aina Constance Forrest, born January 6, 1915 (OK'D by Hazel to add middle name when correcting birth certificate with the use of this document - 10-8-68) - viewed by VS.

796-108-040-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Osborne

No. ..... St.

Hospital .....

Registration District No. 122 File No. 28001

Primary Registration District No. 2200 Registered No. 5

FULL NAME OF CHILD Albert Lee Trowbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2nd	Yes	Jan 8 1915

	FATHER	MOTHER
FULL NAME	Ira Albert Trowbridge	Ethel Gold Prichard
RESIDENCE	Osborne Ida.	Osborne Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Mowery

Physician

(Physician or midwife)

Address Wallace, Ida

Given names added from a supplemental report.

..... 19.....

Filed Jan 20 19 15 H. C. Mowery

Registrar

..... Registrar

S-T CO. 24655

APR 26 1944

662-106-040-314

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 28003

Primary Registration District No. 2200 Registered No. 3

FULL NAME OF CHILD Robert Thompson Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alva Foster	FULL MAIDEN NAME	Nancy Madaline Lamey
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Flora Illinois	BIRTHPLACE	Aspen Colo
OCCUPATION	Blacksmith	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Address Mullan Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 20 1915 H. F. Mowrey
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

696-2041040-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28005

County of Shoshone

City of Burke

No. ..... *St.*

Hospital .....

Registration District No. 122 **File No.** .....

Primary Registration District No. 2208 **Registered No.** 1

FULL NAME OF CHILD Baby O Rourke

Sex of Child 7	**Twin Triplet or other?** One **and** **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** 7	**Date of Birth** Jan (Month) 4 (Day), 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	George O Rourke	**FULL MAIDEN NAME**	Francis Barker
RESIDENCE	Burke	**RESIDENCE**	Burke
COLOR	W	**COLOR**	W
AGE AT LAST BIRTHDAY (Years)	35	**AGE AT LAST BIRTHDAY** (Years)	38
BIRTHPLACE	Newfoundland	**BIRTHPLACE**	Newfoundland
OCCUPATION	Miner	**OCCUPATION**	Housewife

Number of child of this mother, including present birth ..... **Number of children of this mother now living, including present birth** .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), **at** 10 15 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Burke Ida

Filed Jan 5 1915 H. C. Mowery *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-130-042-731

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28006

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Stafford, RICHARD STANLEY STAFFORD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Jan 30, 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don Stafford	FULL MAIDEN NAME	Elsie Glandon
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls,
COLOR	W, AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W, AGE AT LAST BIRTHDAY 23, (Years)
BIRTHPLACE	Kans,	BIRTHPLACE	Colo,
OCCUPATION	farmer,	OCCUPATION	Housewife,

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Louchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Feb. 5 1915 John F Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls, } ss.

Certificate No. 28006

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) January 30, 1915 for RICHARD STANLEY STAFFORD (Name on Original Certificate) who was born (Was Born or Died) on January 30, 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 15, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Stafford	Richard Stanley Stafford

Subscribed and sworn to before me this 20th day of January, 19 44

Frank L. Stephan

Notary Public, residing at Twin Falls, Idaho

My commission expires May 15, 1945

(Seal)

Signed Elsie Stafford

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kimberly, Idaho, R. F. D. 2

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 19 44

Frank L. Stephan

Notary Public, residing at Twin Falls, Idaho

My commission expires May 15, 1945

(Seal)

Signed Dan Stafford

(Signature of Any Credible Person Other Than Previous Year)

Kimberly, Idaho, R. F. D. 2

(Street Address, City, State)

FEB 8 1944

APR 8 19

FEB 29 1952

453-121-042-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28007

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No.

No. 2nd door South St. — Primary Registration District No. 1085 — Registered No.

Hospital ✓

FULL NAME OF CHILD Euphartes E Metts

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Jan 21 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christopher E Metts	FULL MAIDEN NAME	Lona Holland
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Thackerville Okla
OCCUPATION	Rancher	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan Alexander

Physician

(Physician or midwife)

Address Twin Falls

Filed Jan 26 19 15 John R. Douglas Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

239-220-042-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28004

County of Twin Falls

City of " "

No. 335 3 day N St.

Hospital

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Katherine Strobridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard M. Strobridge	FULL MAIDEN NAME	Katherine McDermont
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	St Louis, Mo	BIRTHPLACE	Dayton, Ohio
OCCUPATION	Coal Dealer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho,

Filed Jan 25 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-118

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28009

County of Twin [redacted]

City of Twin Falls

No. 511 - 5th A. W. St.

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD McCullough, Peter Loren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	1 18 1915

FATHER		MOTHER	
FULL NAME	Albert W. McCullough	FULL MAIDEN NAME	Hazel Chapman
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Neb
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 41 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Louchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Ida

Filed 1-20 1915 John I. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-215 : 042-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

File No. 28010

Registered No. .....

FULL NAME OF CHILD Edith Frances Boott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Kirk Boott	FULL MAIDEN NAME	Ethel Glarier
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Pennsylvania
OCCUPATION	Capitalist	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed Jan. 16 1915 John L. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Aug. 11, 1969

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 5 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 28010

Date Filed Jan. 16, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Edith Frances Boott (Name on Original Certificate) who born (Was Born or Died) on Jan. 16, 1915 (Date of Event) in T win Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
[illegible]	unnamed	Edith Frances Boott

WM. J. ZIDELL
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires July 5, 1971

Subscribed and sworn to before me this 16th day of Aug., 1969

Signed Ethel M. Boott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Wm. J. Zidell
My commission expires
WM. J. ZIDELL, NOTARY PUBLIC
(Seal)
In and for the County of Los Angeles, State of California

1622 N. Wilcox Ave. Hollywood 28 Cal 90028
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1969

Signed Emma Shaw Davis
(Signature of Any Credible Person)

Notary Public, residing at 8110 Webb Av. No. Hollywood
My commission expires Aug. 6, 1971

8446 Tesman Studio City Calif.
(Street Address, City, State)

OFFICIAL SEAL
DONALD M. POULALION
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires July 26, 1971

3.00 ck, returned & fee note 8-11-69

8110 Webb Ave., No. Hollywood, Calif. 91605

MAY 6 1970

Marriage License from State of California, County of Santa Barbara gives grooms' name as Kenneth Kimbel Clarke and the bride's name as Edith Frances Boott. Dated May 16, 1936. Signed by. Ralph W. Lee, Minister, First Methodist Episcopal Church of Santa Barbara. Viewed by V. S.

Los Angeles City School Districs record gives name as Edith Boott. Date of birth-Jan. 16, 1915. Signed by. Jonathan Swan, Records Clerk. Viewed by V. S.

154-208042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Shoshone or R

Hospital ✓

Registration District No. 37

Primary Registration District No. 1085

File No. 28011

Registered No.

FULL NAME OF CHILD Florence Marguerite Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Jan 8 1915

FATHER		MOTHER	
FULL NAME	Anton L Anderson	FULL MAIDEN NAME	Helena Johnson
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Beacon Iowa	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a M on the date above stated.

(Signature) Duncan L Alexander

Physician (Physician or midwife)

Address Twin Falls

Filed Jan 12 1915 John B Coughlan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 28 1965

APR 28

APR 27 1944

255-108-042-749

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28012

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls.

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Frederick Benane

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Jan (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Benane	FULL MAIDEN NAME	Madge Guilfoil
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Mining man	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed Jan. 12 1915 John F. Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1942

256-103-042-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 28013

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Jan (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Snodgrass	FULL MAIDEN NAME	Edna Engle
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Auto dealer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R Scott

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Jan. 15 1915 John K Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-231-042-469

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28014

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD REBA ALICE Hamby

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth: Jan 21 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME Floyd Hamby	FULL MAIDEN NAME Elsie Morris
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Arkansas	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Arkansas
	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 pm on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed Feb 6 19 15 John W Creighton Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Kansas } ss.
County of Watson

Certificate No. 28014

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed Hanby (Name on Original Certificate) who was born (Was Born or Died) on January 31, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Hanby	Reba Alice Hanby

Subscribed and sworn to before me this 21 day of October, 1965

Bernice Reese

Notary Public, residing at Neodesha, Kans

My commission expires 11-1-66

(Seal)

Signed Mrs A. F. Gentry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Record from Twin Falls High School gives name as Reba Alice Hanby. Date of Birth Jan. 31, 1915 Attended school Feb. 8, 1929.
Viewed by V. S.

JAN 17 1986

Certificate of Age from Marriage Record gives name as Reba Alice Hanby . License issued April 17, 1936 - Age 21 H. A. Lancaster, County auditor of Twin Falls Co.
Viewed by V. S.

851.130.042-546

PLACE OF BIRTH name added 2-3-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberley

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 7085

File No. 28015

Registered No. _____

FULL NAME OF CHILD Clarence Ruben Heath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	yes	Jan 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Merlin Heath	FULL MAIDEN NAME	Eunice Mary Edwards
RESIDENCE	Kimberley	RESIDENCE	Kimberley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mona Owen Moon

Midwife (Physician or midwife)

Address Twin Falls Idaho

Filed 2-8 19 15 John F. Douglas Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-16-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JAN 25 1982
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Certificate No. 28015
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Heath (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-30-15 (Date of Event)
in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Clarence Ruben Heath

Subscribed and sworn to before me this 21st day of January, 1982.
Notary Public, Terry L Sullivan
Residing at Twin Falls
My commission expires 10/24/82
(Seal)

X Clarence Ruben Heath
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1982.
Notary Public, Terry L Sullivan
Residing at Twin Falls
My commission expires 10/24/82
(Seal)

1 cc- pd

Mae Hamby
Supporting Signature

R 1 Box 312 Hansen Ida.
Street Address, City, State

FEB 5 1987

Cert of Birth from State of Idaho State file # 55-13784 gives Dennis ynn Heath born 10-27-55 in Twin Falls. Fathers name listed as Clarence Ruben Heath 40 years old born in Idaho.

LDS Church record gives Clarence Ruben Heath born 1-30-15 in Twin Falls was blessed 3-7-15 in Twin Falls, Idaho. Viewed by V.S.

85-230-642-851

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~ Registration District No. 37 File No. 28016

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD CLARISSA RUBY HEATH

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female	twin	2	yes	Jan 30 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Merlin Heath	Eunice Mary Heath
RESIDENCE	Kimberley	Kimberley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	40 (Years)	36 (Years)
BIRTHPLACE	Plain Ritzy Utah	Willard Utah
OCCUPATION	Farmer	house wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Swenson

midwife
(Physician or midwife)

Address Twin Falls

Filed Feb. 8 1915 John A Coughlan
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 28016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Clarissa Ruby Heath (Name on Original Certificate) who was born (Was Born or Died) on January 30, 1915 (Date of Event) in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on January 30, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clarissa Ruby Heath

Subscribed and sworn to before me this 28th day of June, 19 43.

Lillie A. Brunelle
Notary Public, residing at Portland, Oregon.

My commission expires July 7th, 1944.
(Seal)

Signed Mrs Nellie Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2146 - N. Skidmore Ct
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 19 43.

Lillie A. Brunelle
Notary Public, residing at Portland, Oregon,

My commission expires July 7th, 1944.
(Seal)

Signed A C Baker
(Signature of Any Credible Person Other Than Previous Year)

2146 N. Skidmore Ct
(Street Address, City, State)

JUL 6 1945

469-129-042-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls,

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28017

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Morrill Stanley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Jan (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Morrill	FULL MAIDEN NAME	Mary Manson,
RESIDENCE	Berger, Idaho.	RESIDENCE	Berger, Idaho.
COLOR	W AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goudek
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Jan. 30 1915 John L. Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 RAF

815-127-042-265

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28018

County of Twin Falls

City of ~~Twin Falls~~

No. _____ St.

Hospital _____

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Rulen Joseph Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hansen	FULL MAIDEN NAME	Mary Ann Amanda Swenson
RESIDENCE	Rupert Idaho.	RESIDENCE	Rupert Idaho.
COLOR	medium	COLOR	medium
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Swenson

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls, Idaho.

Filed Feb 6 1915 John P Coughlin Registrar

Registrar

B-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264.223.042-264

PLACE OF BIRTH

County of Twin Falls

City of Milner

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

28019

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Southworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Jan. 23rd 1915

FATHER

FULL NAME L. Southworth

RESIDENCE Milner, Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Water-master

MOTHER

FULL MAIDEN NAME Estelle Boden

RESIDENCE Milner, Ida.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 26 19 15 _____ Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

144-122-042-659

PLACE OF BIRTH

County of Twin Falls,

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28020

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Judson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Jan 22 1915

FATHER		MOTHER	
FULL NAME	C. W. Judson,	FULL MAIDEN NAME	Ethyl Glenn,
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls,
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Or.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 109 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 26 19 15 Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-219-042-389

PLACE OF BIRTH

Form V. S. N. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28021

County of Twin Falls

City of " "

No. Milner ave St.

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Lucille Mae Koch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick F. Koch	FULL MAIDEN NAME	Anna Thiel
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Russia	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	—

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Filed Jan 20 1915 John L. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

m

1 1/4 2/50

2 1/6 — 1/50

3 — 1/4

3 — 1/6 — 1/50

4 — 1/6 — 1/50

1 — 1/30

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 28021

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on January 19, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 1, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lucille Mae Koch

Subscribed and sworn to before me this 14th
day of Oct., 19 44

Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945
(Seal)

Signed Emma Elizabeth Koch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 0 1944

689-116-042-493

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

28022

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Max Elliott Whitney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 16 1915

FATHER		MOTHER	
FULL NAME	Glenn Whitney	FULL MAIDEN NAME	Mable Michelwait
RESIDENCE	Kimberly, Ida	RESIDENCE	Kimberly, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 born alive at 8 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) H W Wilson

Physician
(Physician or midwife)

Address Twin Falls Ida Co.

Filed Jan 16 1915 John P Coughlin
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 3-3-41. E.W.

DEC 15 1970

35-210-042-699

PLACE OF BIRTH

County of Twin Falls,

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28023

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Clara Faith Ederburg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 10 1915

FATHER		MOTHER	
FULL NAME	Albert J. Ederburg	FULL MAIDEN NAME	Clara Fritz
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed Jan 12 1915 John T Coughlin Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1952

597-208-042-667

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

28024

Registration District No. 37

Primary Registration District No. 4085

File No. _____

Registered No. _____

FULL NAME OF CHILD Bessie Kipper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan 8 1915

FATHER		MOTHER	
FULL NAME	Arthur W. Kipper	FULL MAIDEN NAME	Rhoda Fox
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tenn.	BIRTHPLACE	Georgia
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) Charles K. Scott

(Physician or midwife)

Address Twin Falls Idaho

Filed Jan. 16 19 15 John L. Coughlen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1974

962-205-042-655

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 37.

Primary Registration District No. 2085

File No. 28025

Registered No. .....

FULL NAME OF CHILD Adalene Bell Robertson

Sex of Child girl	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes.	**Date of Birth** Jan. (Month) 5 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Roy Clifton Robertson	**FULL MAIDEN NAME**	Rena Myrl Overend
RESIDENCE	Idaho	**RESIDENCE**	Idaho
COLOR	white	**COLOR**	white
AGE AT LAST BIRTHDAY	28 (Years)	**AGE AT LAST BIRTHDAY**	22 (Years)
BIRTHPLACE	Kansas	**BIRTHPLACE**	Minnesota
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 1/5/15 **at** 3:30 P.M **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Mougan (M.K.)

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address .....

Filed Jan. 12 19 15 John F. Coughlin *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 5 1947

319-110-003-669

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Danock

City of Downey

Registration District No. 11

File No. 28027

No. _____ St.

Primary Registration District No. 2046

Registered No. 52

Hospital _____

FULL NAME OF CHILD Wilson Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	1 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Larson	FULL MAIDEN NAME	Zanetta Workley
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Downey
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jasper W Van

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey

Filed Feb 19 1915

Eric Kardey
Registrar

Eric Kardey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-103·603-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 28028

Primary Registration District No. 2046 Registered No. 51

FULL NAME OF CHILD David Baby Byington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Byington	Bessie Rudsell
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Downey	Springville Ut
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul
(Physician or midwife)

Address Downey

Given names added from a supplemental report.

..... 19.....
Ellis Kandley
Registrar

Filed Feb 16 1915 Ellis Kandley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-126-003-758

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bar.

City of Downey

Registration District No. 11

File No. 28029

No. ..... St.

Primary Registration District No. 2046

Registered No. 47

Hospital Lewis

FULL NAME OF CHILD Baby Tripp Enoch La Roy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	1-26-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester B. Tripp	FULL MAIDEN NAME	Minnie Gehring
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Richmond Ut.	BIRTHPLACE	Downey Oda.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Oda.

Filed Feb 19 1915

Elis Kaeley
Registrar

Elis Kaeley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/4/41 L. B.

893-227.003-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28030

County of Bear Lake

City of Downey

No. ____ St.

Hospital Iolanthe

Registration District No. 11 File No. ____

Primary Registration District No. 2046 Registered No. 46

FULL NAME OF CHILD Iolanthe Katherine Hitchcock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	1-27-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Hitchcock	Lula V. Stevens
RESIDENCE	Downey	Downey
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Harvard Ill	Ellisville Ill.
OCCUPATION	Plasterer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Ford

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Feb 16 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1964

819-230-603-577

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bau.

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28031

Registration District No. 117 File No. _____

Primary Registration District No. 2046 Registered No. 45

FULL NAME OF CHILD Abertine Johan Hartvigsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
W.	—		—	yes	1-30-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Johan H. Hartvigsen	FULL MAIDEN NAME	Elida S. Eggen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway Idaho	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was C. at 4 a. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Oda

Filed Feb 16 1915 Elis Kaidy Registrar

Elis Kaidy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1968

454-230-003-414

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of B.

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28032

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. .....

FULL NAME OF CHILD Florence Ann Underwood 44

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	1-30-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray A. Underwood	Janette M. Marshall
RESIDENCE	Downey	Downey
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Richmond Utt.	Downey
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes (Born alive or [illegible]) at 1 P M on the date above stated.

(Signature) Casper W Pond

(Physician or midwife)

Address Downey Ida.

Filed Feb 10, 1915 Ellen Kaney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Ellen Kaney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1970

JUN 1 3 1973

219-227-003-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28033

County of Bannock.

City of Downey.

Registration District No. 11 File No.

No. St.

Primary Registration District No. 20-46 Registered No. 43

Hospital Lampile

FULL NAME OF CHILD Baby Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	1-27-1915

FATHER		MOTHER	
FULL NAME	Fred L. Barnes	FULL MAIDEN NAME	Oda Bloxom
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Kayesville Mt.	BIRTHPLACE	Downey, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond.
(Physician or midwife)

Given names added from a supplemental report.

Address Downey Oda.

19

Ellis Kaney Registrar

Filed Feb 10, 1915 Ellis Kaney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 9 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-121-003-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28034

County of Bannock

City of Downey

No. St.

Hospital

Registration District No. 11

File No.

Primary Registration District No. 2046

Registered No. 42

FULL NAME OF CHILD Henry Dowe Byrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Byrington Jr.	FULL MAIDEN NAME	Viola Miller
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Benjamin, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:01 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Pond

(Physician or midwife)

Address Downey

Given names added from a supplemental report.

19

Elis Kaerly
Registrar

Filed Feb 10 1915

Elis Kaerly
Registrar

S-Y CO. 24655

28034

United States Department of Commerce Bureau of Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers own Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? since 1912 28 yrs.
(f) Mother's mailing address Lava Hot Springs Ida

3. RESIDENCE of FATHER (city, state) Lava Hot Springs Ida.

4. FULL NAME OF CHILD Henry Dowe Byington

5. Date of Birth (Month, day year) January 21, 1915

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Byington
11. Color or Race American
12. Age at time of THIS birth 20 yrs.
13. Birthplace Downey (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Miller
17. Color or Race American
18. Age at time of THIS birth 22 yrs.
19. Birthplace Benjamin (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rosetta Byington (First name) (Last name), who is related to this child as Grand mother (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Owen M.D. (D.O., Midwife, etc.)
and address Pocatello Ida. Date Sept. 5

JAN 1 1 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 1 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81X-117-003-715

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28035

County of Bannock

City of Downey

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2046

Registered No. 41

Hospital Christian

FULL NAME OF CHILD ~~Baby~~ Hadley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	1 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alma Hadley	FULL MAIDEN NAME	Elizabeth Pauting
RESIDENCE	Downey Lake Ida	RESIDENCE	Swan Lake Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Brigham City Ut	BIRTHPLACE	Soda Springs Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

19

Eric Kandy Registrar

Filed June 10, 1915 Eric Kandy Registrar

S-Y CO. 24655

456-117-403-456

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28036

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2046

Registered No. 40

FULL NAME OF CHILD LYNN M. Dewey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Arley Dewey	FULL MAIDEN NAME	Vera Mary Dewey
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Downey - Ida	BIRTHPLACE	Smithfield Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 79 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspar W Ford M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey - Ida

Ellis Hawley
Registrar

Filed Feb 19 1915 Ellis Hawley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 28036
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for June Dewey (Name on original certificate) who was born (Was born or died) on Jan. 17, 1915 (Date of event)
in Downey (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	June Dewey	Lynn M. Dewey
	~~born July 7, 1920~~	born - Jan. 17, 1915
	~~Died July 20, 1920~~	

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

466-209-003-842

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28037

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. _____

Primary Registration District No. 7046 Registered No. 39

FULL NAME OF CHILD Marjorie Elizabeth Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	1 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas T. Moon	FULL MAIDEN NAME	Jane Hubble
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Aurora, Neb.	BIRTHPLACE	Marion, Neb.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cas. W. Paul

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kandy
Registrar

Address Downey Ida

Filed Feb 10, 1915 Eric Kandy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1972

485·706·003-299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hawkins

No. ——— St.

Hospital Hanford

Registration District No. ~~39~~ 11

File No. 28038

Primary Registration District No. 2046

Registered No. 30

FULL NAME OF CHILD Julius Myers

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	one	Nine	yes	Jan. (Month) 6th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William C Myers	FULL MAIDEN NAME	Minnie L Kirkland
RESIDENCE	Hawkins, Ida	RESIDENCE	Hawkins, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Graham Co. N. C.	BIRTHPLACE	Graham Co. N. C.
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth Nine

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Parmel

Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Hawkins Idaho

19

Ellis Kaley
Registrar

Filed Feb 10 1915

Ellis Kaley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

897-207-003-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28039

County of Banock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2048

Registered No. 62

FULL NAME OF CHILD Cecil Higginson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G		yes	Jan 1 1915

FATHER		MOTHER	
FULL NAME	Merion Higginson	FULL MAIDEN NAME	Caroline H Dillon
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Jochan Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed Feb 10 1915

Ellis Karey
Registrar

Ellis Karey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-124-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

Registration District No. 11 File No. 28040

Primary Registration District No. 2048 Registered No. 61

FULL NAME OF CHILD Leland ~~Samuel~~ Cyril Higgenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		yes	Jan 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gorge H Higgenson	FULL MAIDEN NAME	Alzina Loveland
RESIDENCE	Chesterfield Idaho	RESIDENCE	Chesterfield I
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Goshen Utah	BIRTHPLACE	Preston Id.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 P. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bancroft

Eris Kaney Registrar

Filed Feb 10, 1915 Eris Kaney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-22-003-469

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 28041

Primary Registration District No. 2048 Registered No. 60

FULL NAME OF CHILD Edith Mary Ford

Sex of Child G | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Jan 21 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Harry Richard Ford	FULL MAIDEN NAME Wilma Morris
RESIDENCE Chesterfield	RESIDENCE Chesterfield
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Caston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

Ellis Kaseley
Registrar

Filed Jan 19 1915

Ellis Kaseley
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1969

DEC 2 7 1974

495-117-503-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28042

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2048

Registered No. 5-9

FULL NAME OF CHILD BENJAMIN MILTON DIETRICK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		yes	Jan. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Dietrick	FULL MAIDEN NAME	Carry Sorensen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Notrana P A	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Benjamin Delick 49 M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed Feb 10 1915

Eric Kacny
Registrar

Eric Kacny
Registrar

S-Y CO. 24638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Caribou }

Certificate No. 28042
Date Filed MA[illegible] 27 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Benjamin Milton Dietrick (Name on Original Certificate) who was born (Was Born or Died) on January, 17th. 1915 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March, 9th. 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Benjamin Detirck	Benjamin Milton Dietrick
name of father	Charles Detrick	Charles Dietrick
Name of Mother	Carrie Sorensen Dietrick	

Subscribed and sworn to before me this 9th. day of March 19 42

[illegible]

Notary Public, residing at Soda Springs, Idaho

My commission expires September, 18th. 1943
(Seal)

Signed Carrie Sorensen Dietrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

455-105-003-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Seda Springs

No. ..... St.

Hospital .....

Registration District No. 11

File No. 28043

Primary Registration District No. 2048

Registered No. 55

FULL NAME OF CHILD Walter Menninger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Feb 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Menninger	FULL MAIDEN NAME	Lenora Rossussen
RESIDENCE	Seda Springs	RESIDENCE	Seda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ut	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Cook

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaady

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Seda Springs

Ellis Kaady
Registrar

Filed Feb 10 1915 Ellis Kaady
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-11-003-553

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 11 File No. 28044

Primary Registration District No. 2048 Registered No. 3-4

FULL NAME OF CHILD Gordon Larkin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Feb 11 1913

FATHER		MOTHER	
FULL NAME	Vary Larkin	FULL MAIDEN NAME	Elizabeth Nelson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N-C	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P M on the date above stated.
(Born alive or stillborn)

(Signature) Ellis Kaney

(Physician or midwife)

Address Coeur d'Alene

Filed Feb 19 1913 Ellis Kaney
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Ellis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-209-003-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28045

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 50

FULL NAME OF CHILD Maggie Elva Ferger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	—	Yes	Feb 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Ferger	FULL MAIDEN NAME	Edna Soderman
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Miss	BIRTHPLACE	Finland
OCCUPATION	Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kasey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soda Springs

Ellis Kasey Registrar

Filed Feb 10 1915 Ellis Kasey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1945

745-1071603-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28046

Registration District No. 11 File No. .....

Primary Registration District No. 2948 Registered No. 49

FULL NAME OF CHILD Thomas Joseph Gunnell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 7, 1915

FATHER

FULL NAME Thomas Gunnell

RESIDENCE Bannock

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Vt.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mary Mackelson

RESIDENCE Bannock

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Vt

OCCUPATION Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kearley

(Physician or midwife)

Address Pocatello

Filed June 10, 1915 Ellis Kearley
Registrar

Given names added from a supplemental report.

..... 19.....

Ellis Kearley
Registrar

S-Y CO. 24655

819-125 1003-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 28047

Primary Registration District No. 2048 Registered No. 33

FULL NAME OF CHILD James Hansing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Jan 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Hansing	FULL MAIDEN NAME	Hattie Beauregard
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Grey, Idaho

Filed Feb 10 1915 Edis Kandy
Registrar

Edis Kandy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V_S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

314-109-003-469

County of Bannock

City of Dempsey Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28048

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 58

FULL NAME OF CHILD ADAM JOSEPH ~~Joseph A.~~ Campbell

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 9 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Fred Campbell	FULL MAIDEN NAME	Sarah Morrison
RESIDENCE	Dempsey, Ida	RESIDENCE	Dempsey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Weston, Ida	BIRTHPLACE	Franklyn, Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 30 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address J. McCammon Ida

Eric Kaeckly Registrar

Filed Feb 10 1915 Eric Kaeckly Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Elmore } ss.

Certificate No. 28048

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Adam Joseph Campbell

Subscribed and sworn to before me this 30th
day of April, 1942

Geo. F. Rountree
Notary Public, residing at Glenns Ferry, Idaho
My commission expires Feb 14, 1946
(Seal)

Signed Fred H Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of May, 1942

Willard Bell
Notary Public, residing at Bancroft, Idaho
My commission expires November 25, 1943
(Seal)

Signed Edna Bowen
(Signature of Any Credible Person Other Than Previous Year)

Chesterfield, Idaho
(Street Address, City, State)

JUL 22

JUL 24 1942

671-104-003-512

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28050

County of Bannock.

City of McCammon Ida.

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 56

Hospital

FULL NAME OF CHILD Charley Ogawa.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	1 — 4 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Ogawa	S. Nakashima
RESIDENCE	McCammon Ida	McCammon Ida
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY	27 (Years)	29 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Prop. Restaurant	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

(Physician or midwife)

Address McCammon Ida

Filed Feb 19 19 15 Ellis Kaercher
Registrar

Given names added from a supplemental report.

19

Ellis Kaercher
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-108-003-319 Amended 9/18/79

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28051

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 53

FULL NAME OF CHILD Herbert Fielding, Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2-3-1915

FATHER		MOTHER	
FULL NAME	J. M. Harris	FULL MAIDEN NAME	Helen Larsen
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Woodruff, Ida	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Carper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida

Filed Feb 14 1915 Ellis Kasley Registrar

Ellis Kasley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 17 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 28051
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Joseph F. Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 4, 1915 (Date of Event)

in McCammon, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Joseph F. Harris	Herbert Fielding Harris BIRTHDATE - Feb-3-1915 H. Reed Cammock

Subscribed and sworn to before me this 14th day of August, 1979

Notary Public, Pauline M. Terry

Residing at Pocatello

My commission expires 10-26-80

(Seal)

x Herbert Fielding Harris
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1979

Notary Public, Pauline M. Terry

Residing at Pocatello

My commission expires 10-26-80

(Seal)

H. Reed Cammock
Supporting Signature

Street Address, City, State

CL 7/10/79

Blessing record from LDS Church gives name as Herbert Fielding ~~XXXX~~ Harris born Feb 3, 1915 at McCammon, Idaho. Blessed April 4, 1915. parents names as Jseph Memorial Harris and mother's name as Helen Esther Larsen. viewed by V. S.

SEP 18 1979

Insurance policy appliction to Pacific National Life Assurance Co., Salt Lake City, Uta. No. 70992. gives name as H. Fielding Harris born Feb 3, 1915 at McCammon, Idaho. dated April 27, 1949. viewed by V. S.

964-114-003-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 11

File No. 28053

Primary Registration District No. 2047

Registered No. 36

FULL NAME OF CHILD James Rummell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1-14-1915

FATHER		MOTHER	
FULL NAME	Walter Romerich	FULL MAIDEN NAME	Mahala Cutler
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon — Ida
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Laketown Utah	BIRTHPLACE	Franklyn, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Ellis Kaneff Registrar

Address McCammon Ida

Filed June 19, 1915 Ellis Kaneff Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-113-003-897

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 28055

Primary Registration District No. 2047 Registered No. 35

FULL NAME OF CHILD Harvy E. Hartley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard B. Hartley	FULL MAIDEN NAME	Edith L. Higley
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls, Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Landing, Ida	BIRTHPLACE	Soda Springs, Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 31 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mc Cammon, Ida

Filed Feb 19 1915 Ellis Kaddy
Registrar

Ellis Kaddy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

294-224-003-252

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey Ida

No. ..... St.

Hospital .....

Registration District No. 11 File No. 28058

Primary Registration District No. 2047 Registered No. 31

FULL NAME OF CHILD Mildred Emma Kidd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 24 (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME	David L. Kidd	Ester E Baker
RESIDENCE	Dempsey Ida	Dempsey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Scotland	Utah
OCCUPATION	Farmer	Mother

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1300 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Loone
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Dempsey Ida

Ellis Kasley
Registrar

Filed Feb 10 1915 Ellis Kasley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1943

962-106 [redacted] 465

PLACE OF

County of Ca[redacted]

City of New Plymouth

No. R F D 1-F St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 28060

Primary Registration District No. 2000 Registered No. 1

FULL NAME OF CHILD Paul Alexander Robinson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 6, 1915

FATHER		MOTHER	
FULL NAME	Robert Benj Robinson	FULL MAIDEN NAME	Anna Mary Moeller
RESIDENCE	New Plymouth.	RESIDENCE	New Plymouth
COLOR	W	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Ireland	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Ohio
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.17 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D

(Physician or Midwife)

Address New Plymouth

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 19 15 Wm J. Drysdale
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

458-21V-014-632

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5

File No. 28061

No. ....., ... St.

Primary Registration District No. 1009

Registered No. 2

Hospital .....

FULL NAME OF CHILD Eva Elizabeth Meyer

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	Jan (Month), 17 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernst F. Meyer	FULL MAIDEN NAME	Florence Ackerman
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr.
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale Md

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address New Plymouth Ida

Filed Jan 19 15 Wm T Drysdale

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

177-112-014-219

PLACE OF BIRTH

County of Canyon

City of Lack

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 28062

Primary Registration District No. 2019 Registered No. 3

FULL NAME OF CHILD Lester Arnold Applegate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 17, 1915

FATHER		MOTHER	
FULL NAME	Geo. Applegate	FULL MAIDEN NAME	Dora Barnett
RESIDENCE	Lack Ida	RESIDENCE	Lack Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address Mrs Plymouth Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 19 15 Wm J. Drysdale

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1 1943

436-128-014-763

PLACE OF BIRTH

County of Canyon

City of Falk.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 28063

Primary Registration District No. 2009

Registered No. 4

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 28, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter J. McFarland	Grace Colley
RESIDENCE	Falk.	Falk Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	29
BIRTHPLACE	Idaho.	New York.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida

Filed Feb 16 1915 Wm J. Dysdale Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-210-026-795

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

File No. 28065

Primary Registration District No. 2176

Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes.	1-10-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Jones.	FULL MAIDEN NAME	Gladis Green
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	N. Va.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. D. Tucker

..... (Physician or midwife)

Address Lewisville - Ida.

Jan 10 1915 Ray H Fisher MD Registrar

S-Y CO. 24656

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336115-026-346 Amended 3/28/73

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28081

28081

County of Jefferson

City of Rigby R.D

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 18.

Hospital

FULL NAME OF CHILD STERLING SHELBY LOWDER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes.	Feb. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Shelby Lowder	FULL MAIDEN NAME	Mima Lawson.
RESIDENCE	Butler's Island.	RESIDENCE	Butler's Island.
COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher (Physician or midwife)

Given names added from a supplemental report.

Address Rigby

19

Filed Feb 15 1915 Ray H Fisher, Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 38081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sterling Shelby Lawder (BIRTH OR DEATH)
for Pete Lawder (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb 15, 1915 (DATE OF EVENT)
in Ririe (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by his mother son (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Sterling Shelby Lawder

Subscribed and sworn to before me this 29th day of Dec, 1942

W. F. Shattuck

Notary Public, residing at Idaho Falls, Idah

My commission expires Aug. 19, 1945

(SEAL)

Signed Mrs. S. P. Lawder
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of Dec, 1942

W. F. Shattuck

Notary Public, residing at Idaho Falls Idah

My commission expires Aug. 19, 1945

(SEAL)

Signed Mrs. S. P. Lawder
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

735 E. 14th St. Idaho Falls Idah
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 31 1942 By
(REGISTRAR'S SIGNATURE)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 8 4 56 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28081

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Sterling Shelby Lawder (Name on Original Certificate) who was born (Was Born or Died) on Feb. 15, 1915 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate Honorable Discharge (Bible Record, Insurance Policy, Etc.) prepared on Dec. 19, 1946 June 7, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	Lawder	Lowder
Father'slast name	Lawder	Lowder

Subscribed and sworn to before me this 27 day of December, 19 72

Signed Mima Lowder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at ..... x 386 E 23 Idaho Falls Ida
My commission expires ..... (Street Address, City, State)
(Seal)

OFFICIAL SEAL
HAZEL M. CARLOUGH
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Nov. 27, 1973

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January 1973

Signed Marjorie M Crouch
(Signature of Any Credible Person)

Notary Public, residing at Lee E. Stiffens 4301 West 129th Street Hawthorne 4928 W 121 St Hawthorne, Calif.
My commission expires July 2, 1975 (Street Address, City, State)
(Seal)

4301 West 129th St., Hawthorne, Calif. 90250

FORM DH 60-155 CL 7/21/72 nm

Honorable Discharge from U.S. Navy gives name as Sterling Shelby Lowder. Was discharged June 7, 1946. Viewed by V. S.

child's birth certif. enfile in Idaho (118039) gives father's name as (borther)

MAR 2 8 1973

Shelby P. Lowder. Viewd by V.
s

Marriage License from Calif. gives name of groom as Sterlin Shelby Lowder and the name of the birde as Dorothy May Reeves. Dated Dec. 19, 1946. Viewed by V. S.

339-128-026-796

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28082

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 19

FULL NAME OF CHILD ~~[illegible]~~ THEROLD ~~[illegible]~~ WARREN Clifford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.				Yes.	Jan. 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Amos Benj. Clifford	FULL MAIDEN NAME	Pearl E. ~~Clifford~~ Gifford
RESIDENCE	~~Milba~~ Lorenzo	RESIDENCE	Lorenzo
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Sexton
(Physician or midwife) Midwife

Given names added from a supplemental report.

..... 19.....

Address Rigby

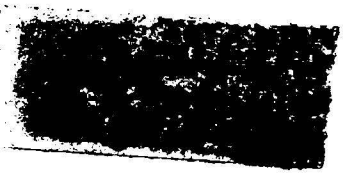
Filed Feb. 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



I, PEARL CLIFFORD, being first duly sworn, depose and say, that the correct birthdate of my son Therold Warren Clifford is January 28, 1915, and not January 30, as disclosed by the records on file with the Bureau of Vital Statistics in Boise, Idaho.

Pearl Clifford

Subscribed and sworn to before me this 18th day of March, 1942.

Nan Irwin

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 3, 1943

APR 1 194

282-226, 026-249

Form V. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

File No. 28083

Primary Registration District No. 2176

Registered No. 20

FULL NAME OF CHILD MARGARET G. BYBEE

Sex of Child F	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Jan 26, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Bybee	FULL MAIDEN NAME	Nellie Smith
RESIDENCE	Menan	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Feb 10 1915 Ray H Fisher
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 28083

State of Idaho }
County of Jefferson } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret G. Bybee (Name on Original Certificate) who Was born (Was Born or Died) on Jan. 26 1915 (Date of Event)
in Mesan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret G. Bybee

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Nellie Bybee Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942

E. L. Burch
Notary Public, residing at Rigby Idaho

My commission expires
(Seal)

MY COMISSION EXPIRES
DECEMBER 8, 1943

Signed Lawrence Bybee Father
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

295-227-026-231

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Homer

No. ..... St.

Hospital .....

Registration District No. 98 File No. 28084

Primary Registration District No. 2176 Registered No. 21

FULL NAME OF CHILD ~~[illegible]~~ Wilhelmina Kreutzer

Sex of Child Female ~~[illegible]~~	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Kreutzer	FULL MAIDEN NAME	Trissa Staley
RESIDENCE	Homer	RESIDENCE	Homer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Austria	BIRTHPLACE	Mexico.
OCCUPATION	Former	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ~~[illegible]~~ Menan

Filed Feb 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

955-206-026-194

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Ennis.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 28086

Primary Registration District No. 2176 Registered No. 73

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀				Yes.	Feb 6 1915

FATHER		MOTHER	
FULL NAME	J. H. Reed.	FULL MAIDEN NAME	Maud Armstrong
RESIDENCE	Ennis	RESIDENCE	Ennis.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1150a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. E. Melton

(Physician or midwife)

Address Ennis

Filed Feb 10 19 15 Ray A. Fiske

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO
VITAL STA
DATE OF BIR

614-209-026-212

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98

File No. 28087

No. ..... St.

Primary Registration District No. 2176

Registered No. 24

Hospital .....

FULL NAME OF CHILD Lucile Marie Faucett

Sex of Child 7	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J.K. ~~Faucett~~ Faucett	FULL MAIDEN NAME	Lois Baker.
RESIDENCE	Lewisville	RESIDENCE	Lewisville.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colo.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 am M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Feb 10 1915 Ray H. Fisher

Registrar

Registrar

S-YCO 2465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ..... (Name on original certificate) who was born (Was born or died) on Feb. 9, 1918 (Date of event)
in Lewisville, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by memory (Bible record, insurance policy, etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Lucile Marie Faucette	Un named	Lucile Marie Fawcett
Father's name	J. K. Fawcett	J. C. Fawcett

Subscribed and sworn to before me this 24th
day of June, 1941

J. W. Galloway
Notary Public, residing at Boise

My commission expires June 13-1942
[SEAL]

Signed Lois Baker Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of June, 1941

J. W. Galloway
Notary Public, residing at Boise

My commission expires June 13-1942
[SEAL]

Signed John C. Fawcett
(Signature of any credible person other than the previous affiant)

Boise Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAY 17 1943

244-123-026-339

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

Registration District No. 98 File No. 28088

No. ..... St.

Primary Registration District No. 2176 Registered No. 25

Hospital .....

FULL NAME OF CHILD John W. Summers.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Jan 3 1918

FATHER		MOTHER	
FULL NAME	Wm Summers.	FULL MAIDEN NAME	Elsie Clifford
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray M. Fisher.
(Physician or midwife)

Given names added from a supplemental report.

Address Rigby

Filed Feb 10 19 18 Ray M. Fisher
Registrar

..... 19.....

.....
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

299-123-026859

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28090

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 27

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Jan 23 1915

FATHER		MOTHER	
FULL NAME	Asa Bird.	FULL MAIDEN NAME	Winnifred Kentman
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Utah
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 10 19 15

Rdy N. Fisher
Registrar

S-Y CO. 24856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915–

Dup of 336557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-208-026-386

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 28091

Primary Registration District No. 2176 Registered No. 28

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 8 1915

FATHER		MOTHER	
FULL NAME	G. H. Hays	FULL MAIDEN NAME	Cora Thornton
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Idaho

Filed Feb 10 19 15 Ray H. Fisher Registrar

S-Y CO. 24696

366-108-026-622

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28092

County of Jefferson

City of Butler's Island

Registration District No. 98 **File No.**

No. ..... *St.*

Primary Registration District No. 2176 **Registered No.** 29

Hospital .....

FULL NAME OF CHILD Wm Lowder, Jr.

Sex of Child M	**Twin Triplet or other?** \ **and** **Number in order of birth** \ (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of Birth** Jan 8 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Wm Lowder.	**FULL MAIDEN NAME**	Katie Osborn
RESIDENCE	Butler's Island	**RESIDENCE**	Butler's Island
COLOR	W. **AGE AT LAST BIRTHDAY** 37 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE	Virginia	**BIRTHPLACE**	Wyoming
OCCUPATION	Farmer.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 3. **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive **at** 10 a. **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-104-026-713

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28093

County of Jefferson,

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176. Registered No. 30.

FULL NAME OF CHILD GEORGE MYRL TIBBITTS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. 4. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Tibbitts	FULL MAIDEN NAME	Eliz. Galbraith.
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb. 10 1915 Ray H. Fisher Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of St. Louis }

Certificate No. 28093

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who Born (Was Born or Died) on 4 Feb. 1915 (Date of Event)

in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Feb. 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	George Myrl Tibbitts

Subscribed and sworn to before me this 18th day of July, 1944

P. M. Parrish

Notary Public, residing at 1217 Hamilton Ave

My commission expires Feb 16, 1948
(Seal)

Signed George Marlin Tibbitts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

551 E. St. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of St. Louis }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1944

P. M. Parrish

Notary Public, residing at 1217 Hamilton Ave

My commission expires Feb 16, 1948
(Seal)

Signed Loraine Snyder Tibbitts
(Signature of Any Credible Person Other Than Previous Year)

7249 Lyndover Pl. Maplewood, Mo.
(Street Address, City, State)

OCT 5 1965

AUG 2 3 1944

218-229-026-795

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Grant

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 28094

Primary Registration District No. 2176 Registered No. 31

FULL NAME OF CHILD Gayle Sayer

Sex of Child	Twin Triplet or other?	Number and order of birth	Legitimate?	Date of Birth
F			Yes	Jan 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R. Sayer	FULL MAIDEN NAME	Margaret Green
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rigby

Filed Feb 10 1915 Ray S. Fisher

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1942

SEP 22 1953

Certified Copy issued Dec. 2, 1940. E.W.

352-109-026-845

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Grant

Registration District No. 98 File No. 28095

No. ..... St.

Primary Registration District No. 2176 Registered No. 32

Hospital .....

FULL NAME OF CHILD Roy Elwood Lester

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Jan (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos. D. Lester	FULL MAIDEN NAME	Lilly E. Huntsman
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby, Ida

Filed Feb. 10 1915 Roy H Fisher amd Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

OCT 28 1968

JUL 1 1 1968

219-207-026-915

Amended 6-28-63

(Be sure the information is complete and accurate)

State File No. 28096

Local Reg. No. 33

Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Verna

b. (Middle): R

c. (Last): Sargent

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Jan. (Day) 7, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): J.

b. (Middle): M.

c. (Last): Sargent

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Florence

b. (Middle):

c. (Last): Randall

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ray H. Fisher

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rigby, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 10, 1915

20. REGISTRAR'S SIGNATURE: Ray H. Fisher by A.M.P.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28096

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Sargeant (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 7, 1915 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Verna R Sargent
Father's Last Name	Sargeant	Sargent

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed John Melvin Sargent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1 Box 228 Ida Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of June, 1963

J. M. McCrane

Notary Public, residing at Idaho Falls, Idaho

My commission expires 11-5-66

(Seal)

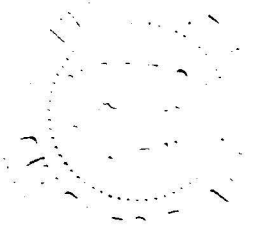
Signed J. Wm. P. Taylor
(Signature of Any Credible Person)

Rt #1 Box 231 Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-12-62. ~~nn~~ 1 copy pd. # 06542 6-24-63

Certificate of Blessing issued by L. D. S. Church on June 1, 1915, gives name of child as Verna R. Sargent and Name of Father as John Melvin Sargent. Viewed by V. S.

Certificate of Baptism and Confirmation issued by L. D. S. Church on August 5, 1923, gives name of child as Verna R. Sargent and Name of father as John Melvin Sargent. Viewed by V. S.



Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28096

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 33

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	✓	✓	yes	Jan 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. M. Sargent	Florence Randall
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Utah	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rigby, Ida

Filed Feb 10 1915 Ray H. Fisher Registrar
A.M.O.

Given names added from a supplemental report.

_____ 19____ _____ Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1963

155-209-026-753

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28097

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 34

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Jan (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leslie Jensen	FULL MAIDEN NAME	Mable Peterson
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arizona	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rigby Ida

Filed Feb. 10 1915 Roy H. Fraher Registrar

A M Palmer

8-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

577-214-026-296

Form V. S. No. [illegible]25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jeff

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 28098

Primary Registration District No. 2176 Registered No. 35

FULL NAME OF CHILD Clara Louise Eggleston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Jan (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Eggleston	FULL MAIDEN NAME	Minnie Browning
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Feb. 10 19[illegible]

Registrar

S-Y CO. 2-656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF I

5-30-41

(Registrar's signature) and address Date

Use only BLACK Ink or BLACK
cate in envelope) bearing FIRST-CL
for filing. Each certified copy requi

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at b
NOT LIVING or CANNOT BE LOCATED.

I, Harry Eggleston, being first duly sworn, say that I am related to
(Related to (or) acquainted wit
Clara Louise Eggleston as father, whose birth cer
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the fact
tained therein are true to the best of my knowledge. I further state that the doctor, who at
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x Harry Eggleston Sig
Iona Idaho Box 106 O. A

Subscribed and sworn to before me on this 13th day of Aug, 194[illegible]

(SEAL) Eugene Olsen Notary Public, residing at Iona

493-221-026-264

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 28099

Primary Registration District No. 2176 Registered No. 36

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Jan (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Albert Miller	FULL MAIDEN NAME	Margaret Bromwell
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rigby, Ida

Filed Feb. 10 1915 Roy H. Fisher Registrar

A.M.G.

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-205-026-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 25100

Primary Registration District No. 2176 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		Yes.	Feb 5 1915

FATHER		MOTHER	
FULL NAME	LaVern Madsen.	FULL MAIDEN NAME	Jennie Briggs.
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ray St Funke

(Physician or midwife)

Address Rigby

Filed Feb 10 1915 Ray St Funke Registrar

S-Y CO. 24656

552-221-026-799

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28101

County of Jefferson

City of Rudy

No. _____ St.

Hospital _____

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 38

FULL NAME OF CHILD No name. Almost instant death

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Jan 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Metcher	FULL MAIDEN NAME	Pearl Price.
RESIDENCE	Rudy	RESIDENCE	Rudy.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

Address Rigby

_____ 19____

Filed Feb 10 1915 Ray H Fisher

Registrar Registrar

S-T CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194 M 8 026 462

PLACE OF BIRTH

Form V. S. No. 11 -30m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28102

County of Jefferson

City of Rigby

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 39

Hospital

FULL NAME OF CHILD Joseph Middleton Jr.

Sex of Child M

Twin, Triplet or other? (To be answered only in event of plural births)

Number in order of birth

Legitimate? Yes.

Date of Birth Jan 18 1925 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Jas. Middleton	FULL MAIDEN NAME Hattie Dowell
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Feb 10 19 25 Ray H. Fisher

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1943

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 28 022 81
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items of time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: DaBell Hospital
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

FULL NAME OF CHILD Joseph Dean Middleton

5. Date of Birth of Child (Month, day, year) January 10, 1915

Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

1. **FULL NAME** Joseph Fife Middleton
2. Color or Race white
12. Age at time of THIS birth 29 yrs.
3. Birthplace Ogden (City or town) Utah (State or foreign country)
4. Exact Occupation Asst. Overseer at fish hatchery
5. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May DaBell
17. Color or Race white
18. Age at time of THIS birth 27
19. Birthplace Ogden (City or town) Utah (State or foreign coun
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on th and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in bove, that I am now fifty-five years of age, that I have known this person for 28 years, a Dr. (First name) Palmer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I ate that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chap 137 Session Laws.

Hattie Middleton Sig
Rexburg, Idaho P. O. A

Subscribed and sworn to before me this 17th day of June, 19 43.

(SEAL) Mary Smith, Notary Public, residing at Rexburg, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eceived for filing on ..... by ....., Re

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613.103.026-318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98

File No. 28103

No. ..... St.

Primary Registration District No. 2176

Registered No. 40

Hospital .....

FULL NAME OF CHILD Elmo Leroy Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Feb 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bingham Walker	FULL MAIDEN NAME	Ella A. Taylor
RESIDENCE	Lewisville.	RESIDENCE	Lewisville.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker.

(Physician or midwife)

Given names added from a supplemental report.

Address Lewisville.

..... 19.....

Filed Feb. 10 1915 Ray H. Fisher

Registrar

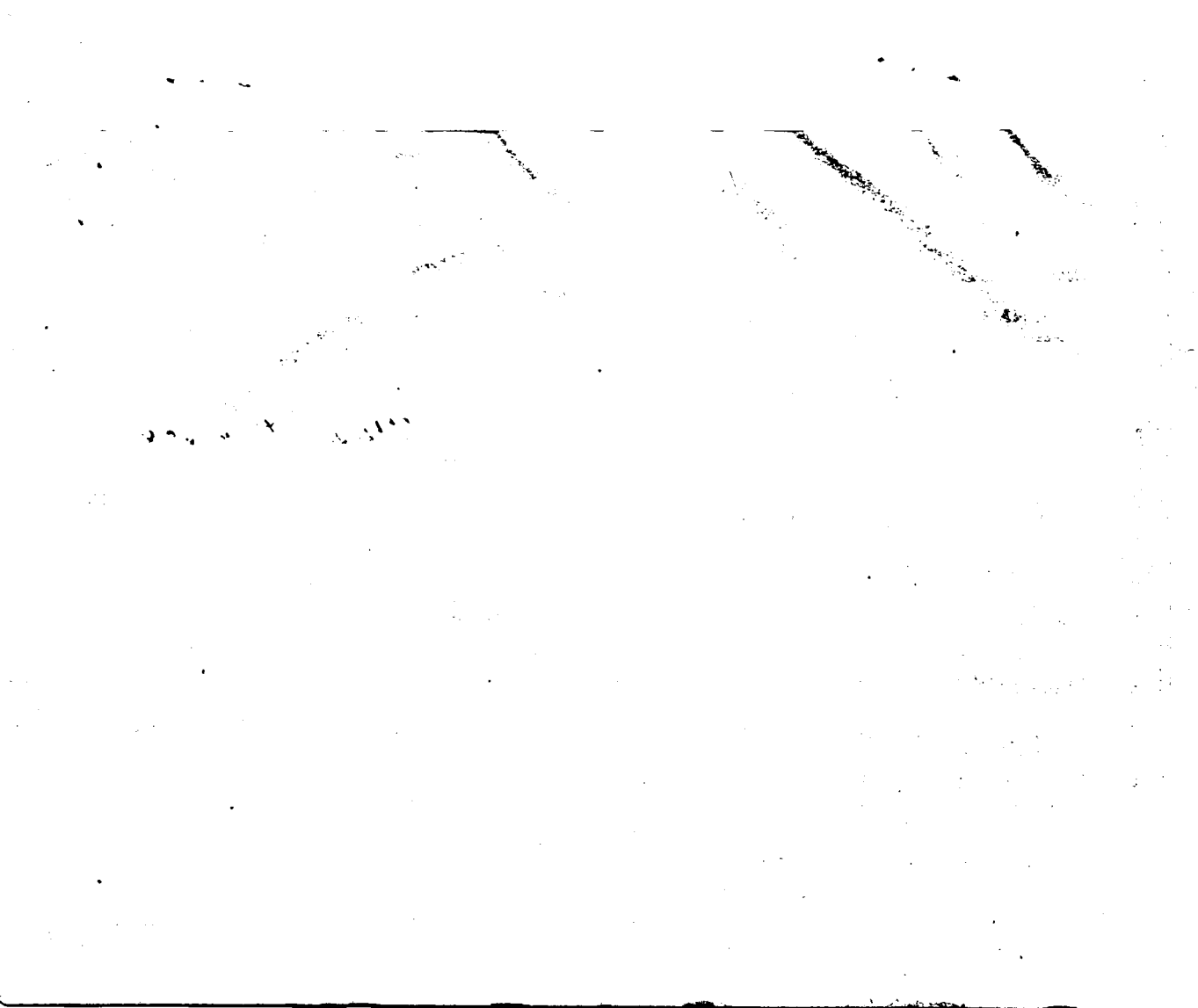
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 28103

State of California
County of San Diego } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Walker (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 3, 1915 (Date of Event)
in Lewisville, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certif (Bible Record, Insurance Policy, Etc.) prepared on 12-8-77 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elmo Leroy Walker

Subscribed and sworn to before me this 1st day of February, 1978
Dec. 21, 1981 S. A. Wright
Notary Public, residing at 302 Broadway, Vista Ca 92083
My commission expires Dec. 21, 1981
(Seal)

Signed Ethel J Walker MOTHER
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
821 Calle Bienvenida, Vista, Cal. 92083 (Street Address, City, State)

OFFICIAL SEAL S. A. WRIGHT NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN SAN DIEGO COUNTY My Commission Expires Dec. 21, 1981

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1947 Idaho Session Laws.)]

State of California
County of San Diego } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1978
S. A. Wright
Notary Public, residing at 302 Broadway Vista Ca 92083
My commission expires Dec 21, 1981
(Seal)

Signed Lisa A Laird (Lisa)
(Signature of Any Credible Person)
302 Broadway - Vista 92083, SISTER
(Street Address, City, State)

FORM DH 60-155

CL 12/8/77 1cc pd. rec. #11982 Rush

Ancestry and Descendants of John Walker, family record book printed Kaysville, Utah 1953, gives name as Elmo LeRoy Walker born Feb. 3, 1915 and married ti Elsie Mae Hill. Listed on page 76, of book.
Viewed by V.S.

Certificate of birth for child, Robert LeRoy Walker, gives name of father as Elmo LeRoy Walker. Child born Feb. 18, 1946, State file # 416601.
Viewed by V.S.

815-129-040-359

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Clarkia

No. ..... St.

Hospital .....

Registration District No. 32

File No. 28105

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD St. Clair Gustav Hansing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) - 29 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gustav Hansing	FULL MAIDEN NAME	Clara Lein
RESIDENCE	Clarkia Idaho.	RESIDENCE	Clarkia Idaho
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Minneasota	BIRTHPLACE	Minneasota
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 7.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho.

Filed Jan 31 1915 H. L. Mulcahy. Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/41 L. P.

DECEASED

419 [redacted] 29-298

[redacted] IRTH

Form V. S. No. 11-C—25m-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. [redacted] St.

Hospital Burley

Registration District No. 32

File No. 28106

Primary Registration District No. 2049

Registered No.

FULL NAME OF CHILD Ronald Martin

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	Two	yes	1 – 30 – 1915

FATHER		MOTHER	
FULL NAME	Everett L. Martin	FULL MAIDEN NAME	Viola D. Bryan
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Burley.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 31 1915 N. F. Mulcahy Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419.130-029-298

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital Bovill

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28107

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Donald Martin

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		One	Yes	1 (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett G. Martin	FULL MAIDEN NAME	Viola D Bryan
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill

Filed Jan 31 1915 H. L. Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1967

APR 1 9. 1945

493-21710

Form V. S. No. 11-C—25m-1-1-13

PLACE O[redacted]

County of Kootenai

City of St. Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28/08

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Lorna Dorris Dilts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Jan (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. C. Dilts	FULL MAIDEN NAME	Myrtle H Hollingworth
RESIDENCE	St. Maries, Ida.	RESIDENCE	St Maries. Ida.
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	State of. Wash.	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:05 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries, Idaho.

Filed Jan 23 1915 H. L. Mulcahy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

796-220-028-853

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 28109

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Sylvia Lorraine Crowe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Crowe	FULL MAIDEN NAME	Andrena Helgeson
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	Filer, Sawmill Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kingsbury

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries, Idaho

Filed Jan 23 1915 H. L. Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-201 1040-2 [redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70 File No. 28110

Primary Registration District No. 1011 Registered No. 1

FULL NAME OF CHILD Mary Jessie Davidson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 1 1915

FATHER		MOTHER	
FULL NAME	Jesse Davidson	FULL MAIDEN NAME	Ava Boyster
RESIDENCE	Sunset	RESIDENCE	Sunset
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.27 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Wallace, Idaho

Filed Aug 3 1913 F. Leo Tumpler Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1947

265.102.040.265

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No ..... St.

Hospital Wallace

Registration District No. 70

File No. 28111

Primary Registration District No. 1011

Registered No. ✓

FULL NAME OF CHILD Alfred Bonfante

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes.	Jan. (Month) 2nd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Bonfante.	FULL MAIDEN NAME	Mary Kuje Bonfante.
RESIDENCE		RESIDENCE	Wallace.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE		BIRTHPLACE	Australia
OCCUPATION	Miner.	OCCUPATION	Housework.

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 6 1915 F. Leo Temple

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

FEB 3 1966

RECEIVED

154-111-040-464

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... *St.*

Hospital Hope

Registration District No. 70 **File No.** 28113

Primary Registration District No. 1011 **Registered No.** 4

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1 11 1915

FATHER		MOTHER	
FULL NAME	B. Kirk Anderson	FULL MAIDEN NAME	Maria Dougherty
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	South Carolina	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:32 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ronald E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Wallace Ida

Filed Jan 15 1916 F. Leo Lundy

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTH

559.118.040-443

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 28114

No. ..... St.

Primary Registration District No. 1011

Registered No. 5

Hospital Providence

FULL NAME OF CHILD Jack Richard Neil

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	Jan 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank J. Neil	FULL MAIDEN NAME	Edith K. Dutcher
RESIDENCE	Los Angeles	RESIDENCE	Los Angeles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed Jan 30 1915 F. Leo Lundy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 4, 1941. E.W.

613-129-040-199

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 28115

No. ..... St.

Primary Registration District No. 1011 Registered No. 6

Hospital Providence

FULL NAME OF CHILD Bert Faletto

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	One	1st	Yes	Jan 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Faletto	FULL MAIDEN NAME	Mary Ariza
RESIDENCE	Burke, Ida.	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace, Ida.

Filed Jan 31 1915 F. Leo Lundy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 2000

431-131.037-515

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Near Glenn's Ferry

Registration District No. - 43 File No. 28116

No. ..... St.

Primary Registration District No. - 2120 Registered No. 17

Hospital .....

FULL NAME OF CHILD Lester William ~~Van Zaar~~ McAnulty

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5	yes	Jan (Month) 31st (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd McAnulty	FULL MAIDEN NAME	Adelia Van Zaar
RESIDENCE	Near Glenn's Ferry	RESIDENCE	Near Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan-31st 1915 at 9.30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feby. 28, 1915 N. H. Schuyler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 1 1966

255-102-037-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28117

County of Owyhee

City of Silver

No. ____ St.

Hospital ____

Registration District No. 43 File No. ____

Primary Registration District No. 2120 Registered No. 14

FULL NAME OF CHILD Pedro Juan Busetto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Feby 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Juan Busetto	Minetta Garza
RESIDENCE	(near) Silver City, Idaho	Owyhee County
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Burgos, Spain	Valladolid, Spain
OCCUPATION	wood-cutter & sheep-herder	Camp-cook & house-wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Schuyler, M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

....19....

Filed Feby 4, 1915 W. N. Schuyler M.D. Registrar

....Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759.227.097-992

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. ..... St.

Hospital .....

Registration District No. 43 File No. 28119

Primary Registration District No. 2120 Registered No. 16

FULL NAME OF CHILD Maria Miguel Perdrillo

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Feby. 27 1915

FATHER

FULL NAME Charles Perdrillo

RESIDENCE Owyhee County, Ida.

COLOR White. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE San Sibastan, Spain

OCCUPATION Wood-cutter

MOTHER

FULL MAIDEN NAME Marie Ribra

RESIDENCE Owyhee County, Idaho

COLOR White. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE San Sibastan, Spain.

OCCUPATION Cook.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Delaughter M.D.

Accouchem (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feby., 19 15; W. H. Delaughter Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76 [redacted] -12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows.

Registration District No. _____ File No. 28120

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John Edward Goodman.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mab.		Yes.	1 18. 1915.

FATHER		MOTHER	
FULL NAME	Austin Goodman.	FULL MAIDEN NAME	Lulu Hagadone
RESIDENCE	Meadows, Idaho.	RESIDENCE	Meadows - Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Meadows, Idaho.	BIRTHPLACE	Wyoming.
OCCUPATION	Mechanic.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Whiteman M.D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Meadows - Idaho.

Filed Jan. 1915

Registrar

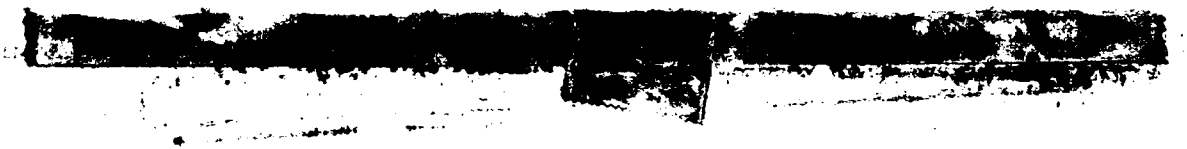
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DWP 001915-28608

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-9 [redacted] No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of N. Meadows

Registration District No. _____ File No. 28121

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Herbert Stanley Briggs

Sex of Child Male	Twin Triplet or other? and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy Allen Briggs	FULL MAIDEN NAME	Elizabeth Maude Moyer
RESIDENCE	Meadows = Idaho	RESIDENCE	Meadows = Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Meadows = Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Whiteman MD

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address New Meadows = Ida

Filed March 1915 Frank E. Brown Registrar

Registrar

S-Y CO. 20174

[redacted]

DUP081915-28609

[redacted]

Form 2. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28122

County of Adams

City of New Meadows

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Phyllis Monteith

Sex of Child Female. | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 2 (Month) 12 (Day) 191 8 (Year)

FATHER	MOTHER
FULL NAME James Monteith.	FULL MAIDEN NAME Laura Mayhall
RESIDENCE New Meadows Ida	RESIDENCE New Meadows.
COLOR White. AGE AT LAST BIRTHDAY 45 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE N. Carolina	BIRTHPLACE Illinois
OCCUPATION Rancher.	OCCUPATION Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or stillborn), at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Whiteman MD

(Physician or midwife)

Address New Meadows Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Feb 19 15

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-
Dup of 28607

365-118-608-715.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted] TE OF IDAHO

Form V. S. No. 11-C [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

No ✓, ✓ St.

Hospital ✓

Registration District No 41 File No. 28123

Primary Registration District No. Registered No.

FULL NAME OF CHILD James Henry Locke

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓ and ✓ (To be answered only in event of plural births)		Yes	Feb. 18 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Locke.	Josephine Jarlick
RESIDENCE	Elk River	Elk R[illegible]
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	34 [illegible]
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Laborer	[redacted] wife

Number of child of this mother, including present birth 4

Number of children [illegible], now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. H. Cooke

Physician (Physician or Midwife)

Address Elk River, Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 1, 1915 Dr. A. H. Cooke Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

493-109-018-662

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-6—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ——, —— St.

Hospital ——

Registration District No. 91 File No. 28124

Primary Registration District No. —— Registered No. ——

FULL NAME OF CHILD James Norbert Dickinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Dickinson	Cora Foster
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Kansas	Wisconsin
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. Allbooke

Physician
(Physician or Midwife)

Address Elk River, Ida.

Filed Mar 1 1915 Dr. Allbooke
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[redacted]

AUG 31 1945

437-28-018-653

PLACE OF BIRTH

Form V. S. No. 11-C—15m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28125

County of Clearwater

City of Elk River.

Registration District No 91 File No.....

No....., ...St.

Hospital Elk River. Primary Registration District No..... Registered No.....

FULL NAME OF CHILD Marie Genevieve McGowan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan 18 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Elmer McGowan	Josephine Wellmon
RESIDENCE	Elk River.	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Nebraska	Michigan
OCCUPATION	Druggist	Housewife.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Born alive, at 8:30 A.M.
(Born alive or stillborn)

I hereby certify that I attended the birth of this child, who was on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Allbooke

Physician
(Physician or Midwife)

Address Elk River, Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 1 1915 Dr. Allbooke
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STAT

Bureau

JUN 17 1976

884.202.004-434

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

County of Bear Lake

City of Sharon

No ....., ... St.

Hospital at Home

Registration District No 23

File No. 28126

Primary Registration District No 2132

Registered No. .....

FULL NAME OF CHILD Elizabeth Hymas

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One	7th	Yes	Feb. 2d 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Edward Hymas	FULL MAIDEN NAME	Fannie L. McMurray
RESIDENCE	Sharon Ida.	RESIDENCE	Sharon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Liberty Idaho	BIRTHPLACE	Liberty Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Hymas

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Liberty Ida.

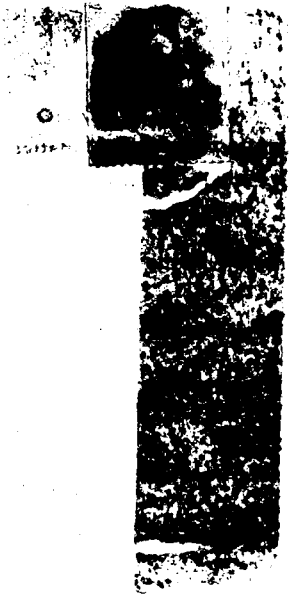
Filed 2-28 1915 R. H. Sullon Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

... UNFADING INK—THIS IS A PERMANENT RECORD



764-201-004-366

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ....., ... St.

Hospital home.

Registration District No. 53 File No. 28128

Primary Registration District No. 2132. Registered No. .....

FULL NAME OF CHILD Verda Poulsen.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	one	3	Yes	Jan. 1, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Alma M. Poulsen.	FULL MAIDEN NAME	Laura Toomer.
RESIDENCE	Liberty Idaho.	RESIDENCE	Liberty Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Liberty Idaho.	BIRTHPLACE	Liberty Idaho.
OCCUPATION	Farmer.	OCCUPATION	housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Hymas Midwife (Physician or Midwife)

Address Liberty, Idaho

Filed 2-28-1915 H Hutton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 1 1974

296-122-004-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bloomington, Idaho

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 213 File No. 28129

Primary Registration District No. 2133 Registered No. ____

FULL NAME OF CHILD Wilford Washington Kroque

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 22 1915

FATHER	MOTHER
FULL NAME Nelse Louis Kroque	FULL MAIDEN NAME Ivy Bateman
RESIDENCE Bloomington, Idaho	RESIDENCE Bloomington, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Bloomington, Idaho	BIRTHPLACE Bloomington, Idaho
OCCUPATION farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf

M. D. (Physician or midwife)

Address PARIS, IDAHO.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-28-1915 [illegible]

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OF BIRTH

1 1947

APR 17 1963

316-228-004-795

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28130

County of Bear Lake

City of Paris

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD Vilate Delora Law

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles J Law	FULL MAIDEN NAME	De Lora Prescott
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley M.D. (Physician or midwife)

Given names added from a supplemental report

19

Address Paris

Filed 2-28- 1915 R J Sutton Registrar

Registrar

S-Y CO. 20175

SEP 17 1951

493-129-028-231

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF I[redacted]
BUREAU OF VITAL[redacted]

CERTIFICATE OF BIR[redacted]

[redacted]rm V. S. No. 11-C—25m-1-1-18

28131

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 760

FULL NAME OF CHILD Ray Wilson Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jany 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Miller	FULL MAIDEN NAME	Arlee Black
RESIDENCE	Rathdrum, R-R #2	RESIDENCE	Rathdrum RR. #2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida

Filed 2/10 1915 D D Freeman

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 29 1942

815·221·028-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28132

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 759

FULL NAME OF CHILD Ruby Evelyn Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jany 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton Hansen	FULL MAIDEN NAME	Clara Lien
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer.	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida.

Filed 2/10 1915 D.D. Drennan Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395·115·028-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 17

File No. 28133

Primary Registration District No. 2051

Registered No. 758

FULL NAME OF CHILD Oscar Johann Wilhelm Liere

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jany 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Liere	FULL MAIDEN NAME	Agnes Kampe
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida

Filed 2/10 1915 D D Freeman Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-11-028-165

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 28134

Primary Registration District No. 2051 Registered No. 757

FULL NAME OF CHILD Earl Delbert Strode

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	January 11 1915

FATHER	MOTHER
FULL NAME Burton T. Strode	FULL MAIDEN NAME Mary E. Jones
RESIDENCE Rathdrum RR #1	RESIDENCE Rathdrum RR #1
COLOR white AGE AT LAST BIRTHDAY 23 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Ida.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Henry

Physician

(Physician or midwife)

Address Rathdrum Ida.

Filed 2/10 1915 D. D. Williams Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1967

DECEASED

813-107-028-252

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum R.R. # 2

Registration District No. 17

File No. 28135

No. ..... St.

Primary Registration District No. 2051

Registered No. 756

Hospital .....

FULL NAME OF CHILD Horace M. Hattenburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jany 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lantie R. Hattenburg	FULL MAIDEN NAME	Ethel M. Best
RESIDENCE	Rathdrum, R.R. # 2	RESIDENCE	Rathdrum R.R. # 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Ida.

Filed 7/10 1915 D. D. Sherman
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-2071028-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenia

City of Post-Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 28136

Primary Registration District No. 2051 Registered No. 745

FULL NAME OF CHILD Minn Staples

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
F. Male	\	\	Yes	Jan (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin C. Staples	FULL MAIDEN NAME	May Smith
RESIDENCE	Rural Post-Falls.	RESIDENCE	Rural Post-Falls.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	~~His wife~~ Carpenter Rancher	OCCUPATION	His wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 7-1915 (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Post Falls

Filed 7/10 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-105-028-364

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1138-7th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 28137

Primary Registration District No. 1003 Registered No. 754

FULL NAME OF CHILD MACK RAY Hennagir

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	T	V	Ys	1 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Steve Hennagir	FULL MAIDEN NAME	Lavina Rebecca Toulouse
RESIDENCE	1138 7th St. Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Stafford

(Physician or midwife)

Given name [illegible] from a supplemental report.

..... 19....

Registrar

Address

Filed 2/10 1915 [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

OCT 9 1941

Certificate No. "I#& 28137
Date Filed September 30, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mack Ray Hennagir (Name on original certificate) who was born (Was born or died) on January 5, 1915 (Date of event)
in Cour-de-alane (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by parents (Bible record, insurance policy, etc.) prepared on September 30, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hennagir	Mack Ray Hennagir

Subscribed and sworn to before me this 30th day of Sept., 1941
Ray A. Scodan
Notary Public, residing at Seattle
My commission expires 5-16-43
[SEAL]

Signed Louvina R. Hennagir -MOTHER-
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1100 E. CHERRY ST. SEATTLE, WN
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

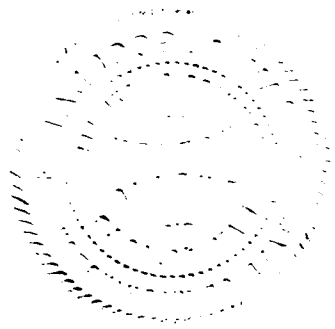
Subscribed and sworn to before me this 30th day of Sept., 1941
Ray A. Scodan
Notary Public, residing at Seattle
My commission expires 5-16-43
[SEAL]

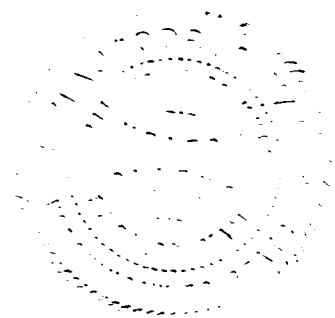
Signed Wm S Toutouse
(Signature of any credible person other than the previous affiant.)
1100 E. CHERRY ST. SEATTLE, WN.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 14 1941

SEP 13 1967





465-102-028-395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12

File No. 28138

Primary Registration District No. 2051

Registered No. 733

FULL NAME OF CHILD Lucie E Monica

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lucie Monica	FULL MAIDEN NAME	Adeline Crevellona
RESIDENCE	Rathdrum	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Foreman Sec	OCCUPATION	Hon

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rathdrum

Filed 2/10 1915 D D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z name

1915-

Dup of 304680

652-212-029-364

No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATI[redacted]

CERTIFICATE OF BIRTH

28139

County of Latah

City of Kendrick

No. ..... *St.*

Hospital .....

Registration District No. 63 **File No.** .....

Primary Registration District No. 2143 **Registered No.** 63

FULL NAME OF CHILD Mazie Jane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	2 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Weber	FULL MAIDEN NAME	Elsie Comstock
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Wes.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Weber

father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Ida

Filed Feb 25 1915 J E Hoyt
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1975

769.120.029-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lalah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 28140

Primary Registration District No. 2143 Registered No. 62

FULL NAME OF CHILD Hugh Ellsworth Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2 20 191

FATHER		MOTHER	
FULL NAME	Ellsworth Porter	FULL MAIDEN NAME	Hazel Adams
RESIDENCE	Juliaetta Ida	RESIDENCE	same
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wis.
OCCUPATION	banker	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E Hoyt M D
(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2 - 20 19 15

J E Hoyt Registrar

S-Y CO. 24655

7-17-41

315-215-029-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 28141

Primary Registration District No. 2143 Registered No. 61

FULL NAME OF CHILD Dorotha Candler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	2 15 1915

FATHER		MOTHER	
FULL NAME	Lloyd Candler	FULL MAIDEN NAME	Flora Waite
RESIDENCE	Kendrick Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	North Carolina	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Feb 20 1915 J E Hoyt
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-216-029-666

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Latah

City of Kendreck

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 28142

Primary Registration District No. 2143 Registered No. 60

FULL NAME OF CHILD Marvin Woodrow Blenden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 16 1915

FATHER

FULL NAME William M. Blenden

RESIDENCE Kendrick Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Celestial Wood

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Kas

OCCUPATION housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John E. Hoyt M D

(Physician or midwife)

Address Kendrick Idaho

Filed 2 16 1915 J. E. Hoyt Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 1 1973

173-20-8035-657

PLACE OF BIRTH name added 1/2/80

County of Nez Perce

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

28143

City of Gifford

Registration District No. 92

File No. 3

No. ..... St.

Primary Registration District No. 2170

Registered No. 5

Hospital .....

FULL NAME OF CHILD Caroline C. Altmiller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	S	X	Yes	2 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE	Frank S.Altmiller	RESIDENCE	Alvina Wegner
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Michigan
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 2/30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/28 1915 E.E.Watts, Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-13-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 21 8 18 AM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of ~~Clearwater~~ Lewis } ss.

Certificate No. 28143
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Altmiller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 28, 1915 (Date of Event)

in Gifford (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Caroline C Altmiller

Subscribed and sworn to before me this 19th day of November, 1979

Notary Public, State of Idaho
Residing at Kamiah
My commission expires lifetime
(Seal)

Caroline C. Raby
Signature of Applicant

Box 63 Craigmont, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lewis } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of November, 1979

Notary Public, State of Idaho
Residing at Kamiah
My commission expires lifetime
(Seal)

Viola L. Raby
Supporting Signature

Rt. 2 Box 9 Kamiah, Idaho
Street Address, City, State

School record from Clearwater County, Orofino, Idaho gives name as Caroline Altmiller. born in 1915 and attneded school Sept 30, 1922.
parents listed as Frank Altmiller and Alvina Altmiller of Ahashka, Idaho.
viewedby V. S.

JAN 2 1980

Insurance policy from Idaho Mutual Benefit Assoc. gives name of issured ad Clarence A. Roby and Caroline C. Roby and Geraldine A. Roby. dated july 6, 1949.
viewed by V. S.

696-124-035-695

Form V. S. No. 11-C—2m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28144

County of Nezperce

City of Gifford, Ida.

No. ..... St.

Hospital .....

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 7

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	/			yes	Feby 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred M. Frost	FULL MAIDEN NAME	Elsie Jennings
RESIDENCE	Gifford R.F.D. #1	RESIDENCE	Gifford R.F.D. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pensilvania	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kennington M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gifford Ida

Filed 3-1 1915 E. E. Watts
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1974

168-128 E35-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 28145

Primary Registration District No. 2170 Registered No. 6

FULL NAME OF CHILD JAMES FRANKLIN JOHNSTON, JR.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	S	X	yes	2 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James F. Johnston	FULL MAIDEN NAME	Hester A. Thatcher
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 9/15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/28 1915 E.E.Watts.

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 28145

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for James Franklin Johnston Jr. (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 28, 1915 (DATE OF EVENT)

in Gifford, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by family records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on continuous family history recording Feb. 28, 1915 and named two weeks later (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Franklin Johnston Jr.

Subscribed and sworn to before me this 17th

day of Jan, 1942

Notary Public, residing at Venice

My commission expires 9/20/43

(SEAL)

Signed James Franklin Johnston

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2482 Penmar Ave

(STREET ADDRESS, CITY, STATE) Venice

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

336-101-004-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28146

County of Bear Lake

City of Montpelier

Registration District No. 52 **File No.**

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.**

Hospital .....

FULL NAME OF CHILD Victor Glenn Lloyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Griffin Lloyd	FULL MAIDEN NAME	Cora Brown
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oakley Idaho
OCCUPATION	Farm	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Oakley

Montpelier
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 2/27/ 1915 H H King MD
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 3 3 11 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

Certificate No. 28146

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnmed Lloyd (male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Victor Glenn Lloyd

Subscribed and sworn to before me this 31 day of January, 19 75

Notary Public, residing at Soda Springs, Idaho
My commission expires 12-22-76
(Seal)

Signed Dora E. Lloyd, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

262 S. 9th W. Montpelier, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

CL 1/29/75

FORM DH 60-155

Certif. of Ordination to the Holy Priesthood gives name as Victor Glenn Lloyd was ordained a teacher on Sept 6, 1931. Baptized Oct. 23, 1925. viewed by VS

FEB 21 1975

Designation or change of Beneficiary for Railroad Retirement gives name as Victor Glenn Lloyd. born Jan. 1, 1915. dated Sept. 27, 1938. viewed by V S

238-115-004.295

Form V. S. No. 11-C—Gm-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Geo Tarn Bear Lake

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 52 **File No.** 28147

Primary Registration District No. 2136 **Registered No.** _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Jan 15 1915

FATHER		MOTHER	
FULL NAME	August Schumm	FULL MAIDEN NAME	Judd Kinney
RESIDENCE	Geo Tarn	RESIDENCE	Geo Tarn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Paris	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Mary Kinney (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address _____

Filed 2/27/1915 H H King MD *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 150-29

HO
TATISTICS

PATH

795·121·004-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Raymond

Registration District No. 52

File No. 28148

No. ..... *St.*

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. S. Green	FULL MAIDEN NAME	Cor Ann Lashbrook
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 2/27/ 1915 H H King M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-224-004-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 3-12-1942

County of Bear Lake

City of Bennington

No. ..... St.

Hospital .....

Registration District No. 52 File No. 28149

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ELLA CHARLOTTE HUNTER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		Yes	Jan. 24, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Hunter	FULL MAIDEN NAME	Mary Buckly
RESIDENCE	Bennington, Idaho	RESIDENCE	Bennington, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bennington, Idaho	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	O. S. L. Workman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George F. Ashley

Montpelier, Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 2-27-15 192.. H. H. King, M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD ELLA CHARLOTTE HUNTER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hunter	FULL MAIDEN NAME	Mary Buckley
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Montpelier
OCCUPATION	O S L Workman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Towne

Montpelier (Physician or midwife)

Given names added from a supplemental report

Address Idaho

19

Filed 7/27/ 1915 [signature] M.D. Registrar

Registrar

S-Y CO. 20174

FEB 21 1952.

1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 28149

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Hunter (Name on Original Certificate) who was born on 1/24/15 (Jan 24, 1915) (Was Born or Died) (Date of Event) in Bennington Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name Ella Charlotte Hunter	Unnamed Hunter	Ella Charlotte Hunter
Sex	Boy	female

Subscribed and sworn to before me this 12th day of March 1942

Robert W. McConnachie
Notary Public, residing at Sacramento, Calif

My commission expires 4/29/42 April 29, 1944
(Seal)

Signed (Mrs) Mary Hunter (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

711-O-Street Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March 1942

Robert W. McConnachie
Notary Public, residing at Sacramento Calif

My commission expires April 29, 1944
(Seal)

Signed John P Hunter (Father)
(Signature of Any Credible Person Other Than Previous Year)

711-O-Street
(Street Address, City, State)
Sacramento Calif

MAR 24 1942

248-127-004-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Bear Lake

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 52 **File No.** 28150

Primary Registration District No. 2136 **Registered No.** _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Beckle	FULL MAIDEN NAME	Mable King
RESIDENCE	Bear	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bear	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ordley

Montpelier (Physician or midwife)

Address Idaho

Filed 2/27/ 1915 H H King MD Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-129i004-132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 52

File No. 28151

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD FREDRICK LaVON PARKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Parker	FULL MAIDEN NAME	Minnie Alsop
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Parker

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Idaho

Filed 2/27/ 1915 H S Hoffman Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Bear Lake. }

Certificate No. 28151

Date Filed Apr. 18. 1942

The undersigned does solemnly swear that certain facts on the certificate of birth
(BIRTH OR DEATH)
for Fredrick La Von Parker. who born on Jan. 29. 1915.
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Liberty are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Bible Record prepared on Jan. 29. 1915, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Fredrick La Von Parker
birthdate	Jan. 28, 1915	Jan. 29, 1915

Subscribed and sworn to before me this
day of Apr. 18, 19 42.

Notary Public, residing at

My commission expires
(SEAL)

Signed George Henry Parker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of April, 1942.

Notary Public, residing at Montpelier Idaho

My commission expires
(SEAL)

Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Signed George H. Parker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Montpelier Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 24 1942 By
(REGISTRAR'S SIGNATURE)

APR 27 1942

764-72-004-296

Form C-S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28152

County of Bear Lake

City of Raymond

Registration District No. 52 **File No.**

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.**

Hospital .....

FULL NAME OF CHILD Virgil S. Poulsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Jan 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Fredrick Poulsen	FULL MAIDEN NAME	Elizabeth Straubhaar
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Bear	BIRTHPLACE	Paris
OCCUPATION	Wife	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

[illegible] (Physician or midwife)

Idaho

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/27/ 1915 [illegible] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1981

8-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 28152
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Poulsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. ~~29~~ 27, 1915 (Date of Event)
in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted: Corrected birthdate

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Virgil S. Poulsen
fathers name	Joseph Poulsen	Joseph Fredrick Poulsen
mothers name	Martha Brown	Elizabeth Straubhaar
childs place of birth	Montpelier, ID.	Raymond, ID.

Subscribed and sworn to before me this 16th day of August, 1980.
~~Notary Public~~, Claudia Dayton - Town Clerk
Residing at Cokeville, Wyo.
My commission expires _____
(Seal)

Virgil S. Poulsen
Signature of Applicant
1015 No Monroe Ogden, Utah 84404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Lincoln

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 1980.
~~Notary Public~~, Claudia Dayton - Town Clerk
Residing at Cokeville, Wyo.
My commission expires _____
(Seal)

Gladys Simmons
Supporting Signature
130 1st North Cokeville Wyo
Street Address, City, State

Life Insurance policy from Beneficail Life Ins. Co. gives name as Virgil s. Poulsen. born Jan 27, 1915 in Raymond, Idaho. dated April 19, 1950. viewed by V. S.

Certif of Baptism from the LDS Church gives nameas Virgil S. Poulsen son of Joseph Frederick Poulsen and Elizabeth Straubhaar. born Jan 27, 1915 at Raymond Idaho. Baptized Aug 31, 1924. viewed by V. S.

Marriage license shows name of groom, Joseph F. Poulsen of Liberty, Idaho, married to Elizabeth Straubhaar in Cache County, Territory of Utah. Married Nov. 2, 1892. Viewed by V.S.

386-206-029-439

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Arrowrock

Registration District No. 11 File No. 28153

No. ..... St.

Primary Registration District No. 2131 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	Feb 6 1915

FATHER		MOTHER	
FULL NAME	Ralph Thompson	FULL MAIDEN NAME	Zola Viola McIntyre
RESIDENCE	Arrowrock Ida	RESIDENCE	Arrowrock, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	Ore.
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James P Kerby
(Physician or midwife)

Address Arrowrock, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Feb 15 1915 James P Kerby
Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-208 014-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28154

County of Canyon

City of Payette

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 9

Hospital

FULL NAME OF CHILD James Thistle Stanton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 8 1915

FATHER		MOTHER	
FULL NAME	James W Stanton	FULL MAIDEN NAME	Jessie Eva Thistle
RESIDENCE	Payette, Ida	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cheyenne, Wyom	BIRTHPLACE	Arlington, Wis
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida

Filed Feb 27 1915 J. C. Woodward Registrar

Registrar

S-Y CO. 24655

20/41 L. B.

AUG 1 1976

391-327. 01K-251

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28155

County of Canyon

City of Payette

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 8

Hospital

FULL NAME OF CHILD Isabel Audrey Cramer

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 27 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Leroy Cramer	FULL MAIDEN NAME Leah Seavey
RESIDENCE Payette Ida	RESIDENCE Payette Ida
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Boise Co. Idaho	BIRTHPLACE Pomeroy Wash
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feb 27 1915 J. C. Woodward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U.-20m-2-59

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 1 1964

FEB 25 1957

763 [redacted] 037-462

BIRTH

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28161

County of Clayfree

City of Bruneau

Registration District No. 44 File No. 21

No. St.

Primary Registration District No. 212 Registered No.

Hospital

FULL NAME OF CHILD Anna Golden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	twin		Anna	Yes	Jan 24 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. E. Golden	FULL MAIDEN NAME	Daisy Robertson
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 24 1915, at 5.9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Address Bruneau

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/24 1915 J. C. Bartlett
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

763-22-037-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28162

County of Oneida

City of Bruneau

Registration District No. 44 File No. 22

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nellie Golden

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
girl	turn	2nd	yes	Jan 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. E. Golden	FULL MAIDEN NAME	Daisy Robertson
RESIDENCE	Dietrich Idaho	RESIDENCE	Dietrich Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 24 1915 at 5:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bruneau

Filed Jan 24 1915 J. C. Bartlett
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

981-10 [redacted] -281

PLACE

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28163

County of Ada

City of

No. [redacted] St.

Registration District No. 44 File No. 29.

Primary Registration District No. 212 Registered No.

Hospital

FULL NAME OF CHILD William Ryals

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Ryals	Leelah Shawl
RESIDENCE	Ada County	Ada County
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 5-15 at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

J. Ryan

(Physician or midwife)

Address Duncan

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/6 19 15 J. C. Bartlett
D.

8-Y CO. 20174

(2)

259-209-037-755

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28165

County of Owyhee

City of Bruneau

Registration District No. 44 File No.

No. St.

Primary Registration District No. 212 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Bertschy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	3	Jan 9 1915

FATHER		MOTHER	
FULL NAME	George Bertschy	FULL MAIDEN NAME	Belle Pennington
RESIDENCE	Bruneau	RESIDENCE	Bruneau Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 9 at 2 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) Mrs Geo. Pennington
Mother
(Physician or midwife)

Address Bruneau

Filed Jan 27 19 15 J C Bartlett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from supplemental report Mother 1/27 19 15

J C Bartlett Registrar

S-Y CO. 24856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391.114.037-386

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28166

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 16

No. — St.

Primary Registration District No. 2121 Registered No.

Hospital

FULL NAME OF CHILD Everett Thompson Craig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	—	Yes	Jan 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George S. Craig	Edna Ellen Thompson
RESIDENCE	Bruneau Idaho	Bruneau Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	29 (Years)
BIRTHPLACE	Barton Co Kansas	Ketchum Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 4 1915 at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J C Bartlett Physician

(Physician or midwife)

Address Bruneau Idaho

Filed 2/15 1915 J. C. Bartlett Registrar

B-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1943

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
238-21,2-016-238

County of Cassia

City of Albion

No. ——— St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9/6/68
28168

Registration District No. ——— File No. ———

Primary Registration District No. ——— Registered No. ———

FULL NAME OF CHILD Alice Virginia Sahow

Sex of Child: Female | Twin, Triplet or other? single | and Number in order of birth: 4 | Legitimate? Yes | Date of Birth: Jan 12 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Geo S Sahow	FULL MAIDEN NAME: Ingeborg Sahow
RESIDENCE: Albion Ida.	RESIDENCE: Albion Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Albion Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/2 1915

..... Registrar

9-Y CO. 24655

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

~~State of~~ Canada

~~County~~ of Province of Alberta

NOV 8 RECEIVED

Certificate No. 28168

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)

for Alice Virginia Schow (Name on original certificate) who Was Born (Was born ~~or died~~) on Jan. 12, 1915 (Date of event)

in Albion Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (Bible record, insurance policy, etc.) prepared on ~~in~~ year 1926 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Dec. 12, 1914	Jan. 12, 1915

Subscribed and sworn to before me this 5 day of Nov., 1941

Notary Public, residing at Cardston

My commission expires Dec. 31, 1941.

[SEAL]

Signed Geo. S. Schow (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cardston Alberta (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

845-105-d6-845

Form V. S. No. 11-C—25m-[illegible]

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2 6 1 6 9

28169

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Kenneth E. Hunter

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	single	9	Yes	Feb 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Hunter	FULL MAIDEN NAME	Josephine Hunter
RESIDENCE	Albion Ida	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Greene M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Albion

Filed Feb 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1944

843-21-604-693

Amended 3-15-63 (Be sure the information is complete and accurate)

State File No. 28170

Local Reg. No.

Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Terresa
b. (Middle): Leona
c. (Last): Hickman

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Feb. (Day) 19, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Thomas
b. (Middle): F.
c. (Last): Hickman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Aurora, Nebraska

11a. USUAL OCCUPATION: Stockman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eva
b. (Middle): Leona
c. (Last): Williams

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Bloomington, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
4	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: I. W. Lynn, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3/2/1915

20. REGISTRAR'S SIGNATURE: H.H. King, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

spondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

MAR 14 1963

Bureau of Vital Statistics

State of Oregon } ss.
County of Deschutes }

Certificate No. 28170

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Trioa Leona Hickman (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Babtismal Certifation (Bible Record, Insurance Policy, Etc.) prepared on January 17,1963 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Trioa	Terresa

Subscribed and sworn to before me this 19th day of February, 19 63

Craig Claymer

Notary Public, residing at Bend, Oregon

My commission expires 9/28/66

(Seal)

Signed Emma Williams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

604 E. Franklin, Bend, Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Deschutes } ss.
County of Deschutes }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1963

Craig Claymer

Notary Public, residing at Bend, Oregon

My commission expires 9/28/66

(Seal)

Signed Willard E. Williams

(Signature of Any Credible Person)

604 E. Franklin, Bend, Oregon

(Street Address, City, State)

FORM DH 60-155 CL 1-15-63. nm

L.D.S. Church Cert. of Baptism and Confirmation, ~~confirmed~~ baptized and confirmed July 2, 1949 gives full name as Terresa Leona Thompson, daughter of Thomas Floyd Hickman and Eva Leona Williams, born Feb. 19, 1915 at Montpelier, Idaho - Thompson is married name - viewed by V.S.

Hospital Birth Cert. of Own Child, St. Charles Hospital, Bend, Oregon, child born May 13, 1946 at 5:38 P.M., Monday - gives full name of parents as O. Dean Thompson, born Feb. 2, 1899 at Duluth, Minnesota and Terresa Hickman, born Feb. 19, 1915 at Montpelier, Idaho - viewed by V.S.

28170

Form V. S. No. 11-C—[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ——— St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]

28170

Registration District No. 52

Primary Registration District No. 2136 [redacted] ed No.

FULL NAME OF CHILD Trisa Leona Hickma[redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	[redacted] Feb. 19 1915 (Month) (Day) (Year)
girl		yes	

	FATHER		
FULL NAME	Thomas F. Hickman	FULL MAIDEN NAME	Eva [redacted] Williams
RESIDENCE	Montpelier	RESIDENCE	Mont[redacted]ier
COLOR	white	COLOR	W[redacted]
AGE AT LAST BIRTHDAY	35 (Years)	[redacted] LAST [redacted]DAY	25 (Years)
BIRTHPLACE	Aurora Nebraska	BIRTHPLACE	Bl[redacted]ington Idaho
OCCUPATION	Stockman	OCCUPATION	ho[redacted]ife

Number of child of this mother, including present birth 5 Number of children of this mot[redacted]ing present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR M[redacted]

I hereby certify that I attended the birth of this child, who was Born alive at 7.45 a.M. on the date above stated.
(Born alive or sti[redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. [redacted] M. D.

Mont[redacted] Idaho
([redacted]ian or midwife)

* Given names added from a supplemental report

Address

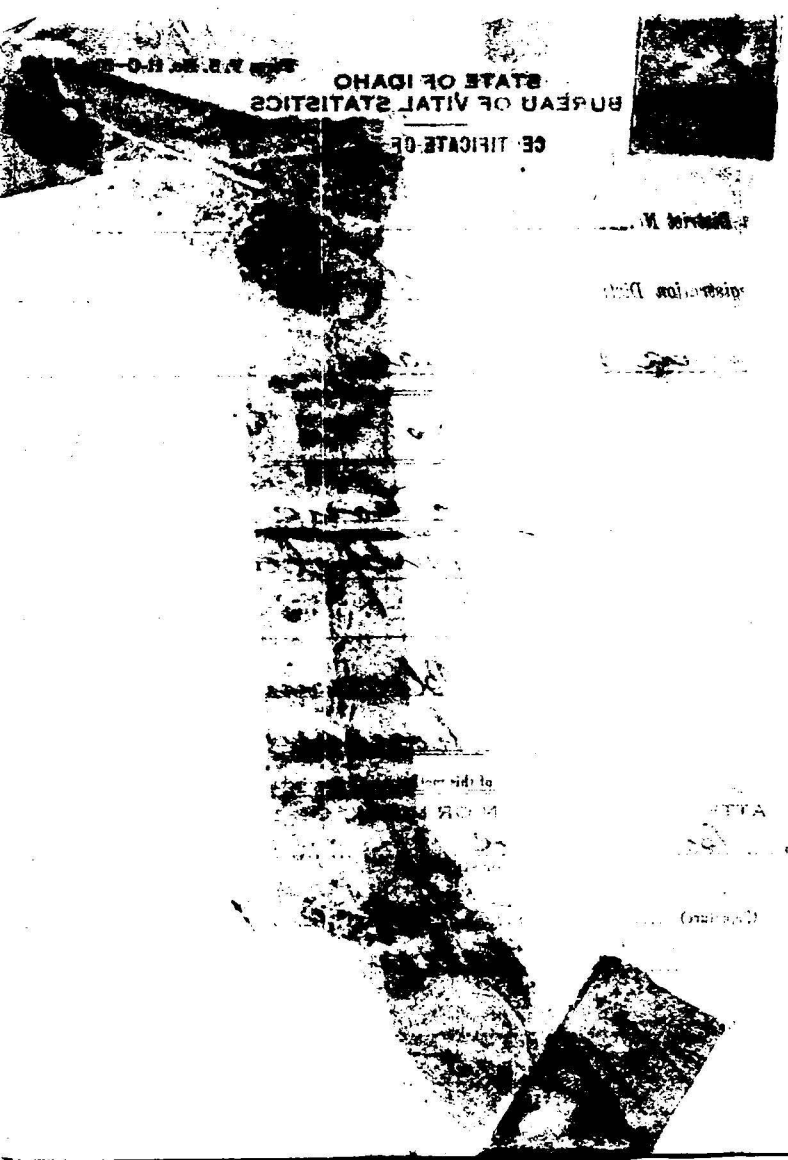
19

Filed 3/3/ [redacted] H H [illegible] M.D.

Registrar

Registrar

8-Y CO. 20174



MAR 21 1963

MAR 19 1976

695-111-004-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 28172

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Franklin J. French Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Feb. (Month) 11th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Franklin J. French	FULL MAIDEN NAME	Margaret Long
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	O.S.L. - Employee.	OCCUPATION	Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 3/2 1915 H H King MD Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-210-004-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 28173

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Phoebe Ellen Orchard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	Feb. 10 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jos. N. Orchard	FULL MAIDEN NAME	Catherine Young
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Mrs.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. King M.D.

(Physician or ~~midwife~~)

Address Montpelier Idaho

Filed 2/21 19 15 N. H. King M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

795-108-004-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 28174

No. ——— St.

Primary Registration District No. 2136 Registered No.

Hospital ———

FULL NAME OF CHILD Bertram Baldwin Green

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb 8th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	~~Bertram Baldwin~~ James Green	FULL MAIDEN NAME	Catherine Baldwin
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Bahama Islands
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 3/1/1915 H H King MD Registrar

Registrar

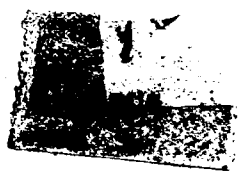
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1946



MAR 14 1946

FEB 3 1943

DEC 27 1945

NOV 13 1974

AUG 30 1946

865-212-004395

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of George Town

Registration District No. 52 File No. 28175

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Miley Hanger	FULL MAIDEN NAME	Anna Lindsey
RESIDENCE	George Town	RESIDENCE	George Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	George Town	BIRTHPLACE	Norman
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Stillborn) at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 3/21 1915 S H St Henry M D

..... Registrar

Registrar

S-Y CO. 20175

493-208-004-753

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 52 File No. 28176

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Jan (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John C. Miles	FULL MAIDEN NAME	Jane M Peterson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	H.W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 3/27 1915 H H Stoney Sec

Registrar

Registrar

R-Y CO. 20175

284-102-004-853

name added 10/29/80

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 28177

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Joy Nielson Shurtleff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Shurtleff	FULL MAIDEN NAME	Amy J. Nelson
RESIDENCE	Logan Utah	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan	BIRTHPLACE	Ovid
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 3/2/ 1915 H. H. Stirling M.D. Registrar

Registrar

8-Y CO. 20175

RECEIVED
AUG 18 1980
Bureau

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bear Lake } ss.

Certificate No. 28177
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Shurttiff (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 2, 1915 (Date of Event)

in Ovid (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	[redacted] Joy Nielson Shurtleff

Subscribed and sworn to before me this 10 day of August, 19 80

Notary Public, Norma Lee Nielson

Residing at Montpelier, Idaho

My commission expires Life

(Seal)

Corey J. Shurtliff (Mother)
Signature of Applicant

Ovid, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 19 80

Notary Public, Norma Lee Nielson

Residing at Montpelier

My commission expires Life

(Seal)

Marie N. Bridges (Aunt)
Supporting Signature

484 N 4 Montpelier Ida 83254
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Joy Nielson Shurtliff son of Lorenzo Joy Shurtliff and Amy Johnna Nielson bon Jan 2. ;05 at Pvod Idaho. Blessed F Feb 7, 1915. viewed by V. S

NOV 3 1980

Marriage certif from Nevada gives name as Joy N. Shurtleff and the bride's name as Barbara Higgs. married Apr18, 1948. viewed nyVS

Family Bible record gives nameas Joy Nielson Shurtleff born in Ovid, Idaho on Jan 2, 1915. father's name as Lorenzo Joy Shurtleff and mother's name as Amy Nielson. viewed by V. S.

962-102-020-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

[redacted] TE OF IDAHO

of Vital Statistics

CATE OF BIRTH

28180

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No.

No. , St. Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Robert Edward Robertson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	5	yes	Feb. 2nd 1915

FATHER		MOTHER	
FULL NAME	William D. Robertson	FULL MAIDEN NAME	Lottie Bertha Storey
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
BIRTHPLACE	America	COLOR	White
OCCUPATION	Chief Chute Foreman	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	America
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Feb 2nd 1915, at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 3 1915

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993-202-020-235

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28181

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No.

No. ——, ——St. — Primary Registration District No. 2021 — Registered No.

Hospital

FULL NAME OF CHILD Ina Josephine Rice

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	Feb 2 1915

FATHER		MOTHER	
FULL NAME	Ralph K. Rice	FULL MAIDEN NAME	Viola Stephenson
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry.
COLOR	White	COLOR	Whit
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 2nd 1915 (Born alive or stillborn) at 5.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 3rd 1915 J. W. Davis

Registrar — Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY - 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-117-034-993

PLACE OF BIRTH

STATE OF IDAHO
BUR[redacted]L STATISTICS
[redacted]F BIRTH

Form V. S. No. 11-G

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 18

Primary Registration District No. 2102

File No. 28182

Registered No. 3

FULL NAME OF CHILD Elmer Archie Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	1-17-15 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. F. Morgan	FULL MAIDEN NAME	Anna J. Richins
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed Feb. 10 1915 V. R. Killen
Registrar

Registrar

S-Y CO. 24685

Beneficial Life Insurance Co. Policy, No. 159883, Oct. 19, 1936 gives full name of insured as Elmer Archie Morgan born Jan. 17, 1915 at Heyburn, Idaho - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1923 gives full name of child as Elmer Archie Morgan, son of John F. Morgan and Annie Jane Richins, born Jan. 17, 1915 at Heyburn, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28182

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Morgan (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1915 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elmer Archie Morgan

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Oct, 1961

Notary Public, residing at Spokane
My commission expires Dec 3, 1961
(Seal)

Signed Albert J. Morgan
(Signature of Any Credible Person)

11304 E - 19th Spokane, Wn
(Street Address, City, State)

[signature] notary Public

FORM DH 60-155 CL 9-29-61. nm

NOV 14 1961
JAN 29 1971

695-205-034-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH Minidoka

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Heyburn

Registration District No. 18 File No. 28183

No. ..... St.

Primary Registration District No. 2102 Registered No. 2

Hospital

FULL NAME OF CHILD Hoh name Ethel Winn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	1 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Winn	FULL MAIDEN NAME	Lottie Bennett
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr E. T. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Feb 10 1915 V. P. Killen

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1953

165-24-034-713

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 28185

Primary Registration District No. 2102 Registered No. _____

FULL NAME OF CHILD Alla Myra Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 14 1913

FATHER		MOTHER	
FULL NAME	Owen Jones	FULL MAIDEN NAME	Annie Puckett
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ind.	BIRTHPLACE	Ill.
OCCUPATION	Section R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen M D

Heyburn (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Feb. 10 1915 V. P. Killen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1956

892-127.029-755

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]TICS

Form [redacted] S. No. 11-C—20m-2

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. 28186

Primary Registration District No. 2145.

Registered No. .....

FULL NAME OF CHILD Warren. Curtis Hibbard.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	Feb. 27 ~~26~~ 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer. O. Hibbard.	FULL MAIDEN NAME	Josephine. Pevin.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson.

M.D.

(Physician or midwife)

Address Potlatch. Idaho.

Filed Feb. March 1 26 1915. Dr. J.W. Thompson

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DR. F. C. GIBSON

DR. J. W. THOMPSON

Western Hospital Association
Potlatch Hospital

POTLATCH, IDAHO

June 25th 1935

Lewis. Williams

Commissioner

Kindly change the date of the birth of Warren Curtis Hibbard to Feb 27th instead of Feb 26th

Obliged.

yours.

Dr J.W. Thompson

Dist No 65

753-115-029-543

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Pottaich

No. ..... St.

Hospital .....

Registration District No. 65 File No. 28187

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Erasmo Petragallo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	Feb. 15. 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike. Petragallo	FULL MAIDEN NAME	Angelina. Nutzallisse.
RESIDENCE	Pottaich	RESIDENCE	Pottaich
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35. (Years)
BIRTHPLACE	Italy.	BIRTHPLACE	Italy.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7th (7) Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pottaich

Filed Feb. 28 1915. D. J. W. Thompson Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

85-122-029-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No ....., ... St.

Hospital .....

Registration District No 65 File No. 28188

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD George Joseph Heaton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	✓		✓	yes.	Feb. 22, 1915

FATHER		MOTHER	
FULL NAME	Willard Heaton.	FULL MAIDEN NAME	Marie Hanson.
RESIDENCE	~~Potlatch~~ Princeton	RESIDENCE	Princeton
COLOR	white.	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	washington	BIRTHPLACE	washington
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J.W. Thompson M D

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 25 1915. D. J.W. Thompson, Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF ID

DATE OF BIRTH MAY 3 1988

683-120-029-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28189

Registration District No 65. File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Geary. Westley Ogle.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	✓	✓	yes.	Feb. 20 1915

FATHER		MOTHER	
FULL NAME	George. Ogle.	FULL MAIDEN NAME	Lottie Hutton.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	34. (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jno. Thompson M. D.

(Physician or Midwife)

Address Potlatch.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 24th 19 15 D. J. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

1915-

DUP OF 296508

296-121-029-619

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch RFD

Registration District No 65 File No. 28190

No ....., ... St.

Primary Registration District No. 2145. Registered No. .....

Hospital .....

FULL NAME OF CHILD Samuel Wesley Browning.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes	Feb. 21, 191[illegible]

FATHER		MOTHER	
FULL NAME	James E. Browning.	FULL MAIDEN NAME	Anna M. Waite
RESIDENCE	Potlatch RFD.	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth... 2nd

Number of children, of this mother, now living, including present birth.. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J.W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 23rd 19..... D. J.W. Thompson Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 8 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-108 029-818

PLACE OF BIRTH

County of Latah

City of Potlatch

No. (Country) St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 28191

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Wm Johnston

Sex of Child Male. Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Feb 8 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME Peyton C Johnston	FULL MAIDEN NAME Emeline Hayward
RESIDENCE West Cobbe Palouse Wn.	RESIDENCE Palouse Wash R F D
COLOR White — AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Va.	BIRTHPLACE Va
OCCUPATION Farmer	OCCUPATION Home Manager

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.15 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd M D
(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

Filed Feb. 15th 19 15 Dr. J.W. Thompson Registrar

..... Registrar

S-Y CO. 24665

391-214-037-84 5

PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH 28192

Registration District No. 44 File No. 3

Primary Registration District No. 212 Registered No. .....

FULL NAME OF CHILD Nina Irene Cramer

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	(To be answered only in event of plural births)			yes	Jan 14 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lloyd C Cramer	FULL MAIDEN NAME	May Hutchison
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 1/14 at 7 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J C Bartlett

Physician

(Physician or midwife)

Address Bruneau Idaho

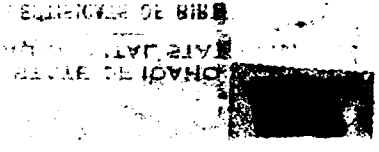
Filed 3/1 19 15 J C Bartlett Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1945



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PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

28193

County of Owyhee

City of Hot Spring

Registration District No. 44 File No. 4

No. ✓ St.

Primary Registration District No. 2121 Registered No.

Hospital ✓

FULL NAME OF CHILD Marg Ethel Roberson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		—	yes	Feb 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Roberson	FULL MAIDEN NAME	Idoho Robertson
RESIDENCE	Hot Spring Ida.	RESIDENCE	Hot Spring Idoho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idoho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2/13 15 at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bruneau Ida

Filed 2/13 1915 J. C. Bartlett
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-
Dup of 358054

238-203-031-791

PLACE OF BIRTH

C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 28194

Primary Registration District No. 2124 Registered No. 5

FULL NAME OF CHILD Elizabeth Anne Schultz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (D[redacted]
F.		Yes	2

FATHER		MOTHER	
FULL NAME	Benjamin L. Schultz	FULL MAIDEN NAME	Edna L. Gra[redacted]
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Id[redacted]
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Wash
OCCUPATION	Real Estate	OCCUPATION	Hwk.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho.

Filed 2-3 1915 J. P. Jones
Registrar

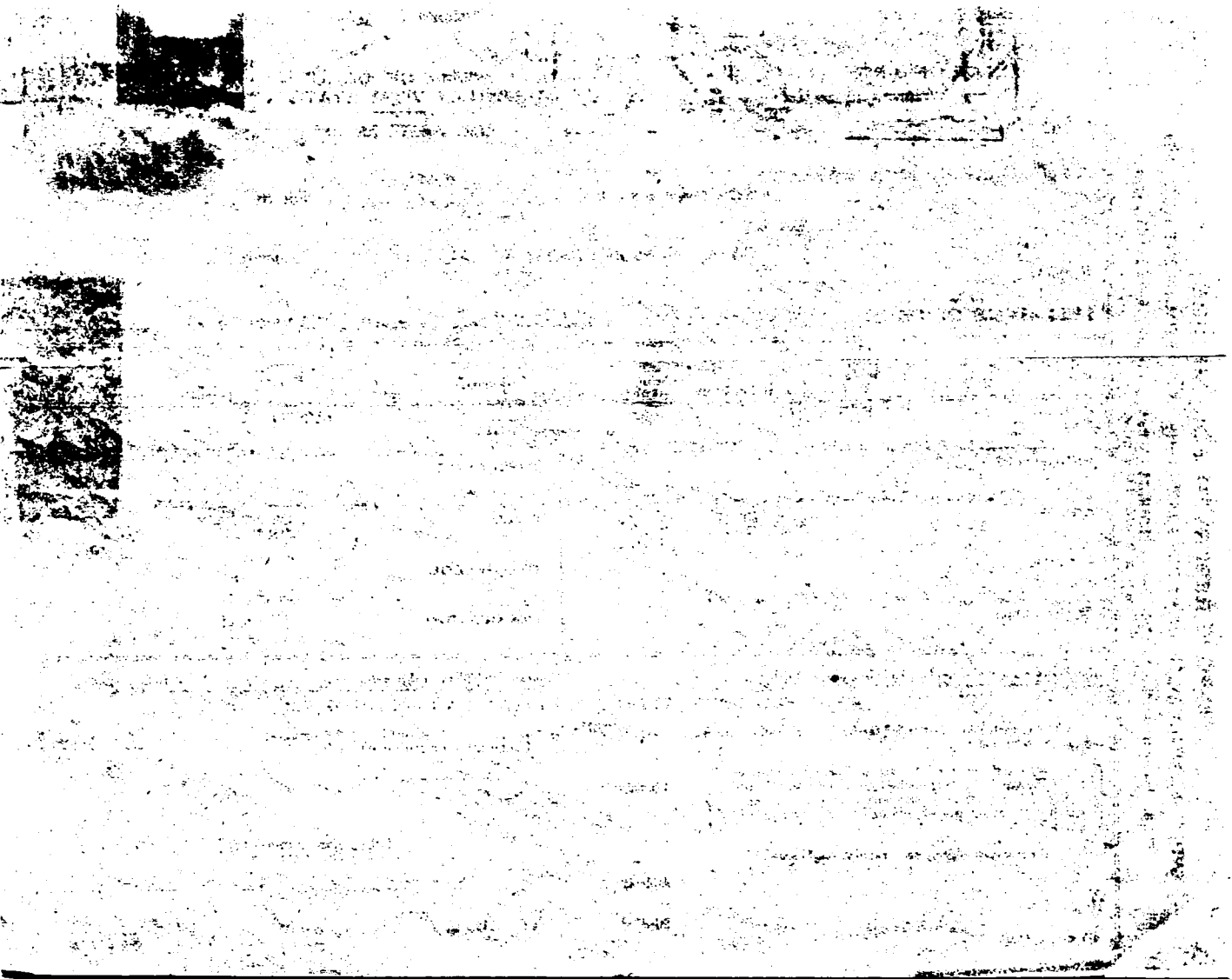
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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PLAC[redacted]

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Greencreek

Registration District No. 105

File No. 11 28195

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Regina Anna Waldman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		/	yes	I (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clemens Waldman	FULL MAIDEN NAME	Margaret Schaefer
RESIDENCE	Greencreek Ida	RESIDENCE	Greencreek Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Greencreek, Ill.	BIRTHPLACE	Uniontown, Wash
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

C. Waldman
(Father of child)

Address .....

Filed Feby 3rd 1915

H B Blake
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

294-227.025-819

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105

Primary Registration District No. 2183

File No. 12 28196

Registered No. .....

FULL NAME OF CHILD Beatrice Simon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leo Peter Simon	FULL MAIDEN NAME	Anna Hartz
RESIDENCE	Cottonwood Idaho.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mt. Hope Kan	BIRTHPLACE	Ost. Kan.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M. D.

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 5 1915 H B Blake Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-131-025-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 13 28197

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Carlyle Nelson Staal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Jan. (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Staal	FULL MAIDEN NAME	Minnie May Reed
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Prussia	BIRTHPLACE	Bonners Ferry Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shimnick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Feby 9 1915 H B Blake Registrar

Registrar

S-Y CO. 24653

JUN 30 1913

483-108-025-463

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenterville

No ....., ... St.

Hospital .....

Registration District No 105 File No. 14 28198

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD William Samuel Uhling

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feby 8 1915

FATHER		MOTHER	
FULL NAME	Lorenz Uhling	FULL MAIDEN NAME	Jessie B Doty
RESIDENCE	Kenterville Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or Midwife)

Address Kenterville Ida

Filed Feby 10 1915 H B Blake Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 30 1942

483-104-025-238

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

15 28199

File No.

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD August Joseph Uhlenkott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Uhlenkott	FULL MAIDEN NAME	Anna Schreiber
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Newsnonic Minn.	BIRTHPLACE	Appleton Wis.
OCCUPATION	Farming	OCCUPATION	Hwife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed Feby 13 1915

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 25 1953

813-108-0252-667

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 16 128200

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leo Herman Halter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allois Halter	FULL MAIDEN NAME	Sarafine Fogal
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Longiin Switzerland	BIRTHPLACE	Logene Switzerland
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Feby 15 1915 H B Blake

Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] V. S. No. 11—Rev. 1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 17 2820

No. ..... St.

Primary Registration District No. 2103 Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymond August Uhlenkott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and [Number in order of birth]	Legitimate?	Date of Birth (Month) (Day)
Male			Yes	Feb 10

FATHER		MOTHER	
FULL NAME	Joseph Uhlenkott	FULL MAIDEN NAME	Amelia Frei
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	New Munic Minn.	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Switzerland
		OCCUPATION	Home Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Harley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feby 20 19 15

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 197

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Ferdinand — Registration District No. 105 — 18 — File No. 28202

No. ____ St. — Primary Registration District No. 2183 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Helen Althea Martin

Sex of Child: Female — Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) — Legitimate? yes — Date of Birth: Feb. (Month) 22 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Ellery P. Martin	FULL MAIDEN NAME: Blanche Fry
RESIDENCE: Ferdinand	RESIDENCE: Ferdinand
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Postmaster and Editor Newspaper	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 — Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

(Signature) J. W. Turner, Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Feby 28 1915 W. H. Blake Registrar

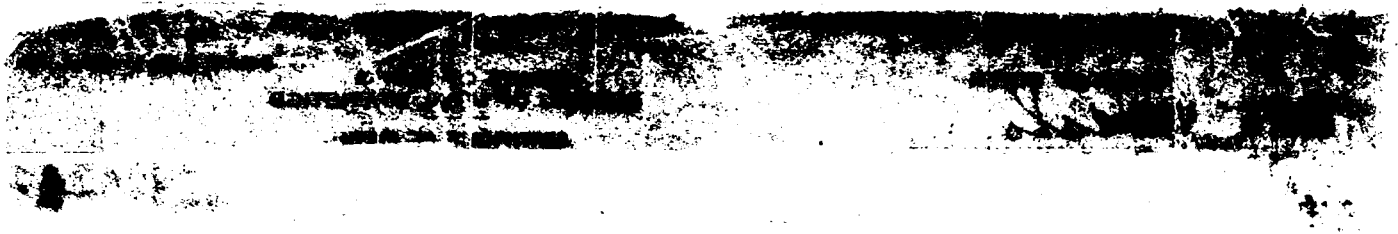
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

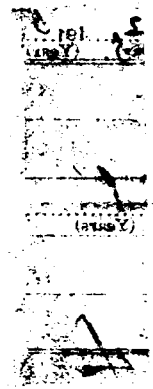
Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656





254-117-031-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Registration District No. 48 File No. 28203

Primary Registration District No. 2127 Registered No. 4

FULL NAME OF CHILD Thomas Hutton Bedwell

Sex of Child Boy | Twin Triplet or other? and Number in order of birth Seventh | Legitimate? Yes | Date of Birth Febr 17th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Henry Bedwell	FULL MAIDEN NAME	Sara Annie Hutton
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White clear through	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wisconsin Brown Co	BIRTHPLACE	Canton South Dak
OCCUPATION	Laborer & Prospector	OCCUPATION	

Number of child of this mother, including present birth Seven Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 30 min to 1 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H Bedwell
Father of child
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Forest Idaho

Filed 3-8-1915 Ellen B Rogers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915
Dup of 296361

455-22-03/-602

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48

File No. 28204

Primary Registration District No. 2127

Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2-22-1915

FATHER		MOTHER	
FULL NAME	P. H. Devlin	FULL MAIDEN NAME	Laura B. Osborne
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elbert P. Rogers

(Physician or midwife)

Address Winchester

Filed 2-22-1915 Elbert P. Rogers Registrar

S-Y CO. 24655

122-020-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CE OF BIRTH

Elsmore

Mountain Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 18205

No. ____ St.

Primary Registration District No. 2020 Registered No. 8

Hospital ____

FULL NAME OF CHILD Virgil Lowry Frazer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	yes	2 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W L Frazier	Mary S Walsh
RESIDENCE	Mtn Home	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Mo	Mo
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 3/5 1915 B W Walker Registrar

S-Y CO. 24698

P.C. 4-4141

JUL 15 1942

JUL 24 1943

719-124-020-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 28206

No. — St.

Primary Registration District No. 2020

Registered No. 10

Hospital —

FULL NAME OF CHILD Carmelo Garatea

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	Feb. 24th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pio Garatea	FULL MAIDEN NAME	Francisco Garatea
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Lodging House	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19...

Address Mountain Home

Filed 2/24 1915 B.W. Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1948

385-125-020613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No. 28207

Primary Registration District No. 2020 Registered No. 9

FULL NAME OF CHILD John Donald Lynch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			2 25 1915

FATHER		MOTHER	
FULL NAME	Burrus M Lynch	FULL MAIDEN NAME	Katherine Walsh
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Finger
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 3/5 1915 B W Mathews
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1971

415-N2 1020-419

PLACE OR BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 28208

No. — St.

Primary Registration District No. 2020 Registered No. 7

Hospital —

FULL NAME OF CHILD Daniel Milman Manson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Jan 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August H Manson	Margaret Mortimer
RESIDENCE	Mtn Home	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Mo	N Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Sawyer

(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/5 1915 B W Mathews Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUN 22 1967

296-102-020867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form ~~V. S. No.~~ 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

i-28209

County of Elmore

City of Mountain Home

Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 6

Hospital —

FULL NAME OF CHILD ~~[illegible]~~ DONALD BURDETT SIFTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	5	yes	2 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James W Sifton	FULL MAIDEN NAME	Nellie M Hopkins
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Mtn Home Ida

Filed 3/5 1915 B W Mather
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 28209

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 1, 1915 (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Sifton	Donald Burdett Sifton

Subscribed and sworn to before me this 3rd
day of March, 19 42

Margaret Smoke

Notary Public, residing at Emmett, Idaho

My commission expires October 13, 1944

(SEAL)

Signed Nellie M. Sifton
mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route # 1, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19 ____

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at ____

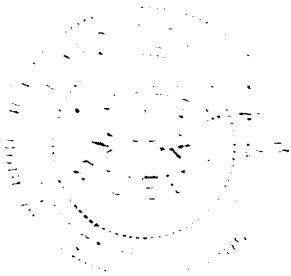
(STREET ADDRESS, CITY, STATE)

My commission expires ____
(SEAL)

Received for filing on MAR 5 1942 By ____
(REGISTRAR'S SIGNATURE)

MAR 1 3 1942

OCT 20 1970



695.205.230731

PLACE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

.28211

Registration District No. 41 File No. .....

Primary Registration District No. 2-116 Registered No. 113

FULL NAME OF CHILD Hazel Clair Winterowd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	Jan. 5 1915

FATHER		MOTHER	
FULL NAME	Finley B. Winterowd	FULL MAIDEN NAME	Lillie J. Clark
RESIDENCE	Carmen, Ida.	RESIDENCE	Carmen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 o. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel

(Physician or midwife)

Address Salmon, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/11/15 19 Helen L. Smith Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1942

SEP 26 1967

SEP 28 1944

DECEASED

717-127038-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 28212

Primary Registration District No. 2116 Registered No. 118

FULL NAME OF CHILD Carlo Alberto Papetti

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Jan 27 1915

FATHER		MOTHER	
FULL NAME	Vincenzo Papetti	FULL MAIDEN NAME	Maria Cerasoni
RESIDENCE	Salmon Ida	RESIDENCE	Salmon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 6 O. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel

(Physician or midwife)

Address Salmon, Ida

Given names added from a supplemental report

..... 19.....

Filed 2/11/15 19..... Helen L. Smith Registrar

..... Registrar

S-Y CO. 20174

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 28212

Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Carlo Alberto	Carl Papetti

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2 8 2002

659.289.030.363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C—20m-3-15-12

CERTIFICATE OF BIRTH

.28213

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 114

FULL NAME OF CHILD Mary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			yes	1 28 191 5

FATHER		MOTHER	
FULL NAME	Arthur E. Ferguson	FULL MAIDEN NAME	Louise Collins
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa.	BIRTHPLACE	Colo.
OCCUPATION	Civil Engineer & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/11/15 19..... Helen L. Smith Registrar

8-Y CO. 20174

OCT 2 9 1976

619-105-030-128

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 28214

Primary Registration District No. 2116 Registered No. 116

FULL NAME OF CHILD Joseph Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	2 5 1915

FATHER		MOTHER	
FULL NAME	James Archibald Herndon	FULL MAIDEN NAME	Millicent ~~Herndon~~ Ashley
RESIDENCE	Salmon Ida	RESIDENCE	Salmon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	England
OCCUPATION	Chemist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Salmon, Ida.

Filed 2/11/15 19..... Helen L. Smith Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-

PLACE OF BIRTH

165-107-030-499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of North Fork

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

28215

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 119

FULL NAME OF CHILD Roger W.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	7 7 1915

FATHER		MOTHER	
FULL NAME	Levi R. Jones	FULL MAIDEN NAME	Stella Bryer (Dryer)
RESIDENCE	North Fork Ida	RESIDENCE	North Fork Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	53
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Iowa
		OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/11/15 19..... Helen L. Smith Registrar

R-Y CO. 20174

319-21-030-343

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28216

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 118

FULL NAME OF CHILD Adaline Harriet Carlon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	February 17 1915

FATHER

FULL NAME Harry Carlon

RESIDENCE Salmon Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE St Paul Minn.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Hilda Culver

RESIDENCE Salmon, Ida

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Salmon Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. C. Whitwell

(Physician ~~or midwife~~)

Address Salmon, Ida

Filed FEB 26 1915 19..... Helen L. Smith Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769.189.094491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28218

Registration District No. 86 File No. ____

Primary Registration District No. 2112. Registered No. 18

FULL NAME OF CHILD Franklin G. Grilliam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	Feb 9th 1915

	FATHER	MOTHER
FULL NAME	Franklin S. Grilliam	FULL MAIDEN NAME Lena May Draper.
RESIDENCE	Weiser Idaho	RESIDENCE Weiser Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Hooper Utah.	BIRTHPLACE Ontario Ore.
OCCUPATION	Elevator Manager.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician (Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

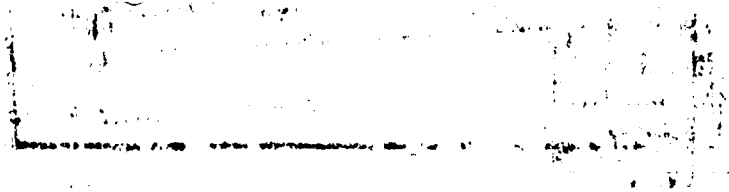
....., 19.....

Filed Feb 11 1915 W. R. Hamilton Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326



866-108-09

PLACE OF BIR[redacted]AHO

Form V. S. No. 11-C—10m-8-7-11

County of Washington

[redacted]tatistics

CERTIFICATE OF BIRTH

City of Weiser

Registration District No 86 File No. 28219

No ....., ... St.

Hospital .....

Primary Registration District No. 2112 Registered No. 19

FULL NAME OF CHILD Arthur K. Howd.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	Yes	Feb. 8 1915

FATHER		MOTHER	
FULL NAME	Alva Jewel Howd.	FULL MAIDEN NAME	Edith Karns
RESIDENCE	Weiser R.F.D.	RESIDENCE	Weiser R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wyo.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 10th 1915 - W. R. Hamilton

Registrar

Registrar

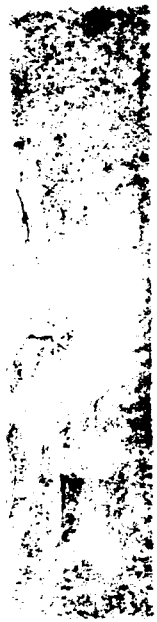
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/3/40 L. B.



749-219-044-8119

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 28220

Primary Registration District No. 2112 Registered No. 20

FULL NAME OF CHILD Purcell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orval Purcell	FULL MAIDEN NAME	Mary Harris
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Weiser Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Weiser Idaho

Filed Feb 25th 1915 W. R. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613/21044-449

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. 12th St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 28221

Primary Registration District No. 2010 Registered No. 21

FULL NAME OF CHILD Arvel J. Walds

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Feb 21 1915

FATHER		MOTHER	
FULL NAME	Porta Walds	FULL MAIDEN NAME	Eloa Murphy
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22	COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Baker City Ore	BIRTHPLACE	Albion Idaho
OCCUPATION	Common laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Walsh

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 25 19 15 W. R. Hamilton Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 28221

State of Idaho } ss.
County of Ada

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Waldo who born on February 21, 1915
(Name on Original Certificate) (Birth or Death) (Was Born or Died) (Date of Event)
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by personal knowledge prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Arvel J. Waldo

Subscribed and sworn to before me this 1st day of June, 1942

Notary Public, residing at Boise

My commission expires February 24, 1946
(Seal)

Signed Mrs Edna Waldo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Huntington, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1

258-122-044-453

Amended April 15, 1959

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 28222

Primary Registration District No. 2112 Registered No. 22

FULL NAME OF CHILD GLEN WESLEY Snyder

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: Feb 22 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: Hubert Snyder	FULL MAIDEN NAME: Bertha Mellon
RESIDENCE: Weiser Ida	RESIDENCE: Kansas Kansas
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 10P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walkhouse

Physician

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 25 19 15 W. R. Hamilton Registrar

S-Y CO. 24655

Social Security Account #541-03-5599, shows name as Glen Wesley Snyder, viewed by V.S. issued 12/23/36; Notice of Classification, shows name as Glen Wesley Snyder, date of mailing 7-9-45. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28222
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for not named Snyder (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Snyder	Glen Wesley Snyder

Subscribed and sworn to before me this 15 day of April 1959

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Edna E. Snyder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2 Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

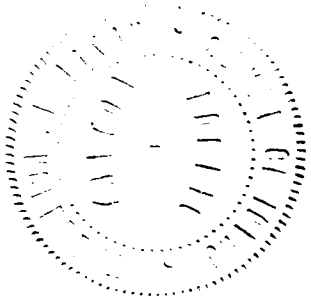
Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

APR 15 1959



235-107-044-533

Form V S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Ada

No. ..... St.

Hospital .....

Registration District No. 86 File No. 28223

Primary Registration District No. 2112. Registered No. 23

FULL NAME OF CHILD Donald Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 7 1915

FATHER	MOTHER
FULL NAME: J. J. Steele	FULL MAIDEN NAME: Ada May Elliott
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Bloomington Ill.	BIRTHPLACE: Berwick Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 9 M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B Dudley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed March 1st 1915 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1949

S. B. DUDLEY, M. D.
CALDWELL, IDAHO

March 28,1944

Director Vital Statistics State of Idaho,
Boise,
Ida.

Dear Madame:

On examination of the certified birth certificate of Donald Steele born at Weiser 1-7-1915 now living at Nampa,Idaho, I notice the following;

1. My signature is at the bottom
2. The script of the report written from dictation is,most likely that of my secretary at that time-Irene Lunger.
3. Theparents were very close friends ,members of the same church society.The Donald Steele who brought this report is a nearly perfect image of his father T.J.Steele.
4. I remember the birth of this person,a male not a female child and am certain it was a clerical error as reported. The notation "number in order of birth""5th" is also a clerical error,it referring to the order of birth in the family,for it was the birth of a single male child-not a part of multiple birth.
5. The maiden surname of mother is also erroneously absent the full name being Ida May Elliott.

Very truly yours,

S. B. Dudley

Subscribed and sworn to before me, the undersigned, a Notary Public for Idaho, this 28th day of March, 1944.

Marie Markowski
Notary Public
Residing at Caldwell, Idaho

My comm. expires: Oct. 11, 1947

MAR 31 1944

314-227-044-633

Form V. S. No. 11-[illegible] 15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 28224

Primary Registration District No. 2112 Registered No. 24

FULL NAME OF CHILD Delpha Irene Campbell

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	(To be answered only in event of plural births)	6th	Yes	1 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Campbell	FULL MAIDEN NAME	Lena Ottoman
RESIDENCE	Weiser Ida	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wash. Co. Idaho.	BIRTHPLACE	Wash. Co. Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. V. Mlindley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed March 1st 1915 W. R. Hawkins Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Washington }

AUG 7 1941

Certificate No. 1-2-7
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth ~~or death~~)
for Delpha Irene Campbell (Name on original certificate) who was born (Was born ~~or died~~) on January 27, 1915 (Date of event)
in Weiser, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Idaho Mutual Benefit Ass. (Bible record, insurance policy, etc.) prepared on Aug. 7, 1933. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
omitted name		Delpha Irene Campbell

Subscribed and sworn to before me this 5 day of August, 1941

[signature]
Notary Public, residing at Weiser, Idaho
My commission expires 3/29/43
[SEAL]

Signed Mrs Lena Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Washington }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of August, 1941

[signature]
Notary Public, residing at Weiser Idaho
My commission expires 3/29/43
[SEAL]

Signed Roy Ottman
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

296-220-044-217

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser Ida

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 28225

Primary Registration District No. 2112 Registered No. 25

FULL NAME OF CHILD Bertha Hazel Broderson

Sex of Child F | Twin Triplet or other? 0 | and | Number in order of birth 0 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	August Broderson	FULL MAIDEN NAME	Iva Sappingfield
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Germany.	BIRTHPLACE	Salem Oregon
OCCUPATION	Stockman	OCCUPATION	H. wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Address Weiser Idaho

Filed March 1st 1915 W. R. Hamilton Registrar

S-Y CO. 24655

, IDAHO 837

414-123-044-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 28226

Primary Registration District No. 1010 Registered No. 26

FULL NAME OF CHILD Howard John Dauer.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	2 (Month) – 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Haven T. Dauer.	FULL MAIDEN NAME	Hazel Thorp.
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Farmington Wash.	BIRTHPLACE	Rock Springs. Wyo.
OCCUPATION	Merchant	OCCUPATION	Hwife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report.

..... 19....

Filed March 1st 1915 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569-28620

PLACE OF BIRTH

County of Ora

City of Orofino

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 28227

Primary Registration District No. 2168 Registered No. 4

FULL NAME OF CHILD Bernardine Abbie Norris

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feby 6 1915

FATHER		MOTHER	
FULL NAME	Paul G. Norris	FULL MAIDEN NAME	Mary E. Porter
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino, Idaho

Filed Feby 6 1915 J. M. Fairly Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 10 1971

351-208-018-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Charnate

City of Orofino

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 90 File No. 28228

Primary Registration District No 2168 Registered No. 5

FULL NAME OF CHILD Mary Alice Leachman

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Feby 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter J. Leachman	FULL MAIDEN NAME	Myrtle A. Heath
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Wn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Address Orofino, Ida

Filed Feby 8 1915 J. M. Fairly Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

251-109-018-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28229

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 6

FULL NAME OF CHILD Lawrence Glynn Beard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Feby 7, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shady Beard	FULL MAIDEN NAME	Blanche Bolen
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.04 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino, Ida

Filed Feby 9 1915 J. McFairly Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

695-220-018-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Dent

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

: 28231

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 8

FULL NAME OF CHILD Rosamond Helene Ove

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Feby 20, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. J. Ove	FULL MAIDEN NAME	Mabelle E. Beverly
RESIDENCE	Dent, Ida	RESIDENCE	Dent, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. J. Ove

Mother (Physician or Midwife)

Address Dent, Ida

Given names added from a supplemental report

....., 19.....

Filed Feby 28 1915 J. M. Farley Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

DEC 29 1972

319-119-018-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 28232

Primary Registration District No. 2168 Registered No. 9

FULL NAME OF CHILD Daniel Adam Carr

Sex of Child	Twin, Triplet or other? * and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feby 19 1915

FATHER		MOTHER	
FULL NAME	Valley Gordon Carr	FULL MAIDEN NAME	Ada Shelburn
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	?
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. D. Carr

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed March 5 1915 J. M. Fairley Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 2 3 1942

258-124-018-3-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No ....., ... St.

Hospital .....

FULL NAME OF CHILD Frederick Dow Snyder

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 90

File No. 28233

Primary Registration District No 2168

Registered No. 10

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	July 24th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amos Snyder	FULL MAIDEN NAME	Bessie Ladd
RESIDENCE	Orofino Ida	RESIDENCE	Orofino, Ida
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. D. Carr

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 5 1915 J. M. Fairley Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Clearwater }

Certificate No. 28233

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frederick Dow Snyder (Name on Original Certificate) who was born (Was Born or Died) on Feb 24 1915 (Date of Event)
in Vicinity of Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frederic Daw	Frederick Dow Snyder
Date	Feb. 23rd	February 24, 1915

Subscribed and sworn to before me this Eighth
day of June, 19 42
Joseph [illegible] Auditor
Notary Public, residing at Deputy
My commission expires Clearwater County, Idaho.
(Seal)

Signed Betty A Snyder
Betty a. Snyder Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 11 1942

JUN 16 1942

275-205-018-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28234

Registration District No. 90 File No. .....

Primary Registration District No. 7168 Registered No. 3

FULL NAME OF CHILD Lilian Caroline Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 5 1915

FATHER		MOTHER	
FULL NAME	John Pearson	FULL MAIDEN NAME	Lilian Cronhagen
RESIDENCE	Near Ahsahka Ida	RESIDENCE	Near Ahsahka Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician

(Physician or Midwife)

Address Orofino, Idaho

Filed July 5 1915 J. M. Darby

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

313.110-029.113

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28235

County of Latah

City of Avon

No. ..... St.

Hospital .....

Registration District No. 2147 File No. .....

Primary Registration District No. 67 Registered No. 6

FULL NAME OF CHILD Vance Gordon Call

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Feb. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry G. Call	FULL MAIDEN NAME	Helen Jackson
RESIDENCE	Avon R#1	RESIDENCE	Avon R#1
COLOR	N. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Deary

Filed 2/10 1915 R. C. Faust
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

386-201-022-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Amended 11/30/76

Registration District No. 99

File No. 28236

No. ..... *St.*

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lucille Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feby 1st 1910

FATHER		MOTHER	
FULL NAME	Mathew Thompson	FULL MAIDEN NAME	Rosa Burks
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1910 W B West

Registrar

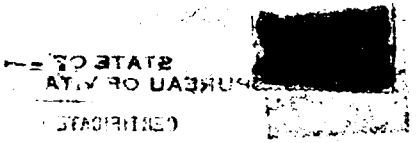
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted]

NOV 4 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 15 10 22 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28236

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thompson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 1, 1915 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnmed	Lucille Thompson
Sex of Child	Male	Female

Subscribed and sworn to before me this 9th day of November, 19 76.

Notary Public, residing at St. Anthony, Idaho

My commission expires Jan 1979

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

715 W 3rd N St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 114/76

NOV 30 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Lucille Lee duaghter of Harry M. Thompson and Rose Ann Birks. born Feb 1, 1915 at St. Anthony, Idaho. Baptized July 30, 1923. viewed by V. S.

Affidavit for Marriage License by Parties gives names as Claude Lee and Lucille Shane. born Feb 1, 1915 at St. Anthony, Idaho. dated Sept 28, 1935. viewed by V. S.

793.203 022.763

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 217

File No. 28237

Registered No. .....

FULL NAME OF CHILD Grace Da Gilbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feby 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hampton Gilbert	Julia Butler
RESIDENCE	Chester Ida	Chester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Penn.	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Everett

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 10 1912

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1944

695-115-1022-236

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-3-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28238

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD William Wynegar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 18 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Henry Wynegar	FULL MAIDEN NAME	Reah Stoddard
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Parker Idaho	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Parker Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Ward

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 10 1915

W D Ward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WINEGAR

DUP 20 1915 D70-740

619-21-022-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 28239

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Eva Mary Darley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	July 11 1915

FATHER

FULL NAME Willard Eugene Darley

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Geneva Grace Hardle

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Elwell MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 19 17

W Elwell

Registrar

S-Y CO. 24658

AUG 2 6 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-168-022-651

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... *St.*

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 28240

Registered No. .....

FULL NAME OF CHILD George Donovan Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Barnett Miller	FULL MAIDEN NAME	Geneva Weaver
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Pa	BIRTHPLACE	Ida
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 Noon M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1915 W B West

Registrar

Registrar

S-Y CO. 24658

719-116022-647

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Spencer

No. ____, ____ St.

Hospital ____

Registration District No. 99 File No. 28241

Primary Registration District No. 217 Registered No. ____

FULL NAME OF CHILD Frank Charles Parish

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			2 — 16 — 1916

	FATHER	MOTHER
FULL NAME	Frank Hyrum Parish.	FULL MAIDEN NAME Karen Marie Edgarel
RESIDENCE	Spencer. Idaho.	RESIDENCE Spencer. Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY 19. (Years)
BIRTHPLACE	Portland. Oregon.	BIRTHPLACE Denmark.
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 2—16 at 6.20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah J Wilson

Spencer Idaho (Physician or Midwife)

Address Mrs Sarah J Wilson

Given names added from a supplemental report

Mrs Sarah J Wilson 19 16

Spencer Idaho

Filed Mar 10 19 16

Registrar

Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

269-20 P 022-168

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28242

County of Fremont

City of Egin

No. ....., ... St.

Hospital .....

Registration District No. 99

File No. .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Artella Catherine Sorenson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Jan (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph L. Sorenson	FULL MAIDEN NAME	Annie Elva Johnson
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lovisa G. Davis

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address St. Anthony Idaho

Filed Mo 6 10 1915 [illegible]

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1942

STATE OF IDAHO

V52-128'022-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 28243

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD James Lunnel Meservey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Meservey	FULL MAIDEN NAME	Sarah A Bagley
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Moorfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Mar 10 1915 W A West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-120022-315

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28244

County of Fremont

City of St Anthony

Registration District No. 99 **File No.**

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.**

Hospital .....

FULL NAME OF CHILD George Cannon Sharp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heber C Sharp	FULL MAIDEN NAME	Vera Cannon
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1915

W A Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1 1972

c.c. 6/5/41. w.h.

296-215-022-25

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 28245

County of Fremont

City of St Anthony

Registration District No. 49

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Veraline Broadhurst

Sex of Child: Female

Twin, Triplet or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Feb 15 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Steven Broadhurst

RESIDENCE: St Anthony

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ida

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Martha Beam

RESIDENCE: St Anthony

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 4 P M on the date above stated.

(Signature) J P Moorfield MD

(Physician or midwife)

Address .....

Filed Mch 10 19 11 W B Veal Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

415-113-022-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 28246

No. ..... *St.*

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Elmo Ira Davenport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira Davenport	FULL MAIDEN NAME	Harriet Housley
RESIDENCE	St Anthony R F D	RESIDENCE	St Anthony R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 35 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 10 1915 W Sewell

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 11, 1941. E.W.

AUG 9 1972

MAR 2 6 2008

693108-022-863

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49 **File No.** 28247

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Ronald Philip Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Williams	FULL MAIDEN NAME	Lily Holden
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Telephone Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1915 W B Wex Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-2071022-964

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 28248

Registered No. .....

FULL NAME OF CHILD Thelma Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clifford Smith	FULL MAIDEN NAME	Ethel Rouche
RESIDENCE	St Anthony R F D	RESIDENCE	St Anthony R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Sawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 10 1915 W A Ward Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1967
NOV 1 1976

764-1071022-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28249

County of Fremont

City of St Anthony

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** .....

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Edison Daniel Gould

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Gould	FULL MAIDEN NAME	Eva Andrews
RESIDENCE	St Anthony	RESIDENCE	St Anthony R F D
COLOR	AGE AT LAST BIRTHDAY 41 (Years)	COLOR	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

Filed Mar 10 1915 W A West *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1964

816-203-022-916

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 19

File No. 28250

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Velora~~ Nola Dean Haws

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Feb 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Spencer Haws	FULL MAIDEN NAME	Zenna Rawlins
RESIDENCE	Teton Ida	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 25 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

[redacted] 1915 W D West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1976

281-2061022-458

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 44

File No. 28251

No. ..... *St.*

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Erma Elizabeth Shannon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin S Shannon	FULL MAIDEN NAME	Hilda Meyer
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ida
OCCUPATION	Shingler	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Moorfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1915

W S West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued Nov. 8, 1940. E.W.

819-101-022-793

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 28252

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Allen Beverly Harrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Allen T Harrison	FULL MAIDEN NAME	Nola Gillison
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Washington D.C.	BIRTHPLACE	New York
OCCUPATION	Western Union Operator	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 10 1915 W D Weed Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-1011022-000

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 28253

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Leo Thurman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. L. Thurman	FULL MAIDEN NAME	When I called for record she had taken her departure
RESIDENCE	St Anthony	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Morfield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 10 1913

W. A. West
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1944

264-224025-513

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28254

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 9

Hospital .....

FULL NAME OF CHILD Clara Edna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2nd	yes	Feb 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sim Soutland	Pearl Hale
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Oklahoma	Arkansas
OCCUPATION	Blacksmith	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Sloan M. D.

(Physician or ~~midwife~~)

Address Grangeville Ida.

Given names added from a supplemental report

.....19.....

Filed Mch 8 19 13 G B Stockton
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1971

743-22-025-813

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 28255

Primary Registration District No. 1001 Registered No. 8

FULL NAME OF CHILD Claudia Ruth

Sex of Child	Twin, Triplet or Other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		4th	yes	Feb 24 1915

FATHER		MOTHER	
FULL NAME	Sim Southard	FULL MAIDEN NAME	Pearl Hale
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oklahoma	BIRTHPLACE	Arkansas
OCCUPATION	Blacksmith	OCCUPATION	housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Strawn M. D.

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed Mch 8 1915 G S Sheldon

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462 / 26 / 025-225

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 28256

Primary Registration District No. 2181 Registered No. 7

FULL NAME OF CHILD ~~REX~~ EUGENE MOSES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Bert L Moses	FULL MAIDEN NAME	Gladys M Skelton
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed March 4 1915 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 8 1971

FEB 27 1952

549-116-025-255

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 28257

Primary Registration District No. 2181 Registered No. 6

FULL NAME OF CHILD .....

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	yes	February 16 1915

	FATHER		MOTHER
FULL NAME	Allan Alva ~~Nurss~~ Nurss	FULL MAIDEN NAME	Laura Belle Bennett
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed March 4 1915 G. S. Stickton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 24, 1940. E.W.

957127-021-316

Form V. S. No. 11-C—26m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. _____ *St.*

Hospital _____

Registration District No. 27 **File No.** 28259

Primary Registration District No. 2119 **Registered No.** 42

FULL NAME OF CHILD Barnard Barnard John Inglet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Parley Inglet	FULL MAIDEN NAME	Laura Cafferty
RESIDENCE	Fairview, Idaho.	RESIDENCE	Fairview, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho.

_____ 19__

Filed 3/9 1915 Dr. Allen R. Ouellette
Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1949
MAR 27 1968

281-207-021-666

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28260

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 30

FULL NAME OF CHILD Alice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jany 7, 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Joseph Sharp	FULL MAIDEN NAME: Annie Woodhead
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 50 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Tooele, Utah	BIRTHPLACE: Huddersfield, England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Preston, Idaho.

Filed 3/8 1915 Dr Allen R Cullen *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1968

689.108'021-577

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. none St.

Hospital no

Registration District No. 27 File No. 28261

Primary Registration District No. 2119 Registered No. 41

FULL NAME OF CHILD Kenly Wilson Whitelock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feby 8th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Albert Whitelock	FULL MAIDEN NAME	Marie Christine Eggers
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Norway
OCCUPATION	Public School Principal	OCCUPATION	Housewife

Number of child of this mother, including present birth sixth Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Weston, Idaho

Filed 3/8 1915 Dr Allen R Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1955

559-115-021-15 X

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. None St.

Hospital no

Registration District No. 27 File No. 28262

Primary Registration District No. 2119 Registered No. 40

FULL NAME OF CHILD Keith Neilsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feby 15th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton E. Neilsen	FULL MAIDEN NAME	Charlotte Anderson
RESIDENCE	Weston, Idaho.	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Trenton Utah
OCCUPATION	Billiard Hall proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth eighth

Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 2/15/15 at 5:15 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley

(Physician [redacted])

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Weston, Idaho

Filed 3/8 1915 Dr Allen R Cultee Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-220-021-259

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28263
Local Reg. No.
Reg. Dist. No. 27

Amended 2/8/77

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Glenco

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Glenco

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elva b. (Middle): Christina c. (Last): Jepson

4. SEX: Girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 20, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Julius b. (Middle): c. (Last): Jepson

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Nellie b. (Middle): Adella c. (Last): Bergquist

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Nancy Beckstead

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Preston, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/8/15

22. REGISTRAR'S SIGNATURE: Dr. Allen R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

Time: 3 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 8 11 15 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28263

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Christine Jepson (Name on Original Certificate) who was born (Was Born or Died) on Jan 20, 1915 (Date of Event)

in Glenco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	omitted	Elva
mother's maiden name	Hansen	Bergquist

Subscribed and sworn to before me this 4th day of November, 1976

Carol P. Hendricks

Notary Public, residing at Lewiston, Utah

My commission expires 8-7-80

(Seal)

Signed age (91) Jessie M. Bergquist

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 9/7/76 lccpd

Birth recor from the LDS church gives name as Elva Christina Jepson Elwood gives date of birth as Jan 20,1915 at Mink Creek , idaho. viewed by V. S.
Mother's name as Nellie Adella Bergquist Jepson on birth recrdo.
membership record in LDS Church gives nameas Elva Christina Elwood. born Jan 20, 1915 at Mink creek, Idaho. father's name as Julius Jepson and mother's name as Nellie Adell Bergquist. Blessed Mar 4, 1915 and Baptized Jan 23,1923.
viewee dby V. S.

157-220-021-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Glenco

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28263

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 39

FULL NAME OF CHILD Christine Jepson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Julius Jepson	FULL MAIDEN NAME	Millie Adellia Hansen
RESIDENCE	Glenco Ida	RESIDENCE	Glenco Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Mink Creek
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead

Midwife (Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/8 1915 D. Allen R. Cutler Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 3 1976

FEB 8 1977

169-224-021-466

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28264
Local Reg. No.
Reg. Dist. No. 27

Amended 4/11/77

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Alyce b. (Middle): c. (Last): Jorgensen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Girl	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 24, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Peter b. (Middle): c. (Last): Jorgensen

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Denmark	Day Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elise b. (Middle): c. (Last): Doormann

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
37 YEARS	Denmark	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Nancy Beckstead

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ X ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/8/15

22. REGISTRAR'S SIGNATURE: Dr. Allen R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | Time: 3:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

769-224-021-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home

Registration District No. 27 File No. 28264

Primary Registration District No. 2119 Registered No. 38

FULL NAME OF CHILD Mary ~~Gregerson~~ Gorgensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter ~~Gregerson~~ Gorgensen	FULL MAIDEN NAME	Eliza Doormann
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	day laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3,30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckslead
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Ida

Filed 3/8 1915 Dr Allen R Cutler
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 2 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 11 12 48 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Weber } ss.

Certificate No. 28264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Jorgenson (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1915 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Mary Jorgenson	Alyce Jorgensen
Father's name	Peter Jorgenson	Peter Jorgensen
Mother's name	Eliza Dooma	Elise Doormann

Subscribed and sworn to before me this 1st day of February 1977

George D. Neeley
Notary Public, residing at Ogden, Utah
My commission expires 6-1-77
(Seal)

Signed Anna Jorgensen Lowen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 E. 2 N. St. Smithfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February 1977

George D. Neeley
Notary Public, residing at Ogden, Utah
My commission expires 6-1-77
(Seal)

Signed Adolph Jorgensen
(Signature of Any Credible Person)

490 N. State St. Preston Idaho.
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 11-24-76 (J) fc rcpd (sent) 11/12

Marriage License from the LDS Church gives namea as Alyce Jorgensen and the groom's name as Norman Smith. dated Dec 2, 1933.. viewed by V. S.

APR 11 1977

Certif of Baptism and Confirmation from the LDS Church gives name as Alyce Jorgensen Smith daughter of Peter Jorgensen and Elsie Doormann. Born Jan 24, 1915 at Preston, ~~Idaho~~ Idaho. Baptized June 6, 1948. viewed by V. S.

(Has always been known as AlyceJorgensen)

147-124-021-15-5

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28265

County of Franklin

City of Glendale

No. ..... St.

Hospital Home

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 37

FULL NAME OF CHILD VERL JENSEN AUGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Jan 24 1915

FATHER		MOTHER	
FULL NAME	W. H. Auger	FULL MAIDEN NAME	Alta Jensen
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Glendale	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5,30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Ida.

Filed 3/5 19 15 Dr Allen R Cutler
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted States
partment of Commerce
eau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH
a) County Oneida (b) City Preston
c) Street Address or R.F.D. No. 1
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat. Home~~ days.
IN THIS county [redacted] years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City [redacted] Preston
(d) Street Address or R.F.D. No. [redacted] R.1
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address [redacted]
3. RESIDENCE of FATHER (city, state) Idaho

FULL NAME OF CHILD Herl J. Auger
5. Date of Birth (Month, day year) January 24, 1915
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9 months
9. Legitimate? No

FATHER OF CHILD
FULL NAME William Henry Auger
Color or Race White
12. Age at time of THIS birth 25 yrs.
Birthplace Glendale (City or town) Idaho (State or foreign country)
Exact Occupation Farming
Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alta Isaacs
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

Name prophylactic used to prevent Ophthalmia Neonatorum Yes
Number of children of this mother (a) At time of birth and including this child 3 (b) Born alive and now living Yes
(c) Born alive and now dead [redacted] (d) Stillborn [redacted]

I HEREBY CERTIFY That I attended the birth of this child, who was born alive at [redacted] 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Alta (First name) Auger (Last name), who is related to this child as Mother (Mother, etc.)

(a) OCT 25 1941 (Date received) (b) (Registrar's signature)

Given name added on (Date) by (Registrar's signature)

25. Attendant's **OWN** signature Nancy E. Backstead M.D. (D.O., Midwife, etc.)
and address Preston Idaho Date

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-228-021-335

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28266

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 38

FULL NAME OF CHILD Dorothy Dean McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Jan 25 1915

FATHER		MOTHER	
FULL NAME	John M McCoy	FULL MAIDEN NAME	Louise Clemmons
RESIDENCE	Preston Idaho	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	County Surveyor	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Ida.

Filed 3/16 19 15 Dr Allen R Carter Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-31144

419-214-021-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home

Registration District No. 27

File No. 28267

Primary Registration District No. 2119

Registered No. ~~36~~ 35

FULL NAME OF CHILD Esther Marrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Feb (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Marrom	FULL MAIDEN NAME	Annie Selk
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Ida.

Filed 3/8 1915 Dr Allen R Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH amended 4-5-56

255-215-021-469

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FRANKLIN

City of WINDER

No. ..... St.

Registration District No. 27 File No. 28268

Hospital ..... Primary Registration District No. 2119 Registered No. 34

FULL NAME OF CHILD FERN ELLEN BENNETT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
female			yes	JANUARY 15 1915 (Month) (Day) (Year)

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: George A. Bennett	FULL MAIDEN NAME: Elizabeth More
RESIDENCE: Winder, Idaho	RESIDENCE: Winder
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Kaseville, Utah	BIRTHPLACE: Ogden, Utah
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Mrs. Nancy Beckstead

midwife
(Physician or midwife)

Address Preston, Idaho

Filed 3-8-15 Dr. Allen R. Culter
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Winden

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28268

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 34

FULL NAME OF CHILD Ellen Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo A Bennett	FULL MAIDEN NAME	Elizabeth More
RESIDENCE	Winder Idaho	RESIDENCE	Winder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kaseville Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4,30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston Ida.

Filed 3/8 1915 Dr Allen R Cutler Registrar

S-Y CO. 20174

APR 5 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 28268
County of Franklin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ellen Bennett (Name on Original Certificate) who was born (Was Born or Died) on January 15, 1915 (Date of Event)
in Winder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by child's baptism certificate daughter's birth certificate (Bible Record, Insurance Policy, Etc.) entered on baptized July 23, 1950 child born 8-17-47 #411640 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	missing	Fern Ellen Bennett

Subscribed and sworn to before me this 27th day of March, 1956

Genevieve Tullis
Notary Public, residing at Pocatello, Idaho
My commission expires Feb. 15, 1958
(Seal)

*Signed Emma B. Winn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Preston Idaho RFD #3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1956

Genevieve Tullis
Notary Public, residing at Pocatello, Idaho
My commission expires Feb. 15, 1958
(Seal)

*Signed Clarence Tallot
(Signature of Any Credible Person)

Preston Idaho RFD #3
(Street Address, City, State)

FORM DPH 55.155

863-120-021-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 28269

Primary Registration District No. 2119 Registered No. 32

FULL NAME OF CHILD Marvin Glen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Jan (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Austin Hollingsworth	FULL MAIDEN NAME	Ann E. Martin
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Nebraska	BIRTHPLACE	Liberty Bear Lake Co Ida
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 15 P M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(P[redacted] midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Franklin Co Ida

Filed 3/8 1915 Dr Allen R Cutler

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1912

132-206-021-789

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 28270

Primary Registration District No. 2119 Registered No. 31

FULL NAME OF CHILD Juanita Mae Atkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Jan 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A. Atkinson	FULL MAIDEN NAME	Nellie Phillips Atkinson
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Dayton Ida.	BIRTHPLACE	Dayton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dayton

Filed 3/8 1915 Dr. Allen R. Conette

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

253-224-021-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital Home

Registration District No. 27 **File No.** 28275

Primary Registration District No. 2119 **Registered No.** 23

FULL NAME OF CHILD Margret K. Belnap

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Feb (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Emory Belnap	FULL MAIDEN NAME	Martha Kershaw
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Preston
OCCUPATION	Laborer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.30 A. M. on the date above stated.
(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston Franklin Co. Idaho

Filed Mar. 8 1915 Dr Allen R Dutton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-102-02 + 635

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 28277

Primary Registration District No. 2119 Registered No. 49

FULL NAME OF CHILD Cly Olverson Johnson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	One		Yes	Feb 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Johnson	FULL MAIDEN NAME	Margie Olverson
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 a.m. on the date above stated.

(Be active or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida.

Filed 3/9 1915 Dr. Allen R. Cutler

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1942
MAR 1942

389-209-022-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 28278

Primary Registration District No. 2119 Registered No. 48

FULL NAME OF CHILD Carma Petrina

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	One	and	Yes	Feb 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. C. Christensen	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Logan Utah.	BIRTHPLACE	Denmark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Parkinson M.D.

(Physician or midwife) Preston Ida

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3/9 1916 Dr Allan R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-219-021-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 28279

Primary Registration District No. 2119 Registered No. 33

FULL NAME OF CHILD Romania

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	One	1	yes	Jan (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. C. VanLeuvan	FULL MAIDEN NAME	Sarrah Irene Boden
RESIDENCE	Clifton Ida.	RESIDENCE	Clifton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Lewiston Utah.	BIRTHPLACE	Dayton Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Parkinson M.D.

Preston Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3/8 1915 Dr Albert R Culter Registrar

..... Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-212-021-162

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

Registration District No. 27 File No. 28280

No. ..... St.

Primary Registration District No. 2119 Registered No. 28

Hospital .....

FULL NAME OF CHILD Trudis Adelmira Keller

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	One	One	yes	Jan (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	[redacted] Heber Keller	FULL MAIDEN NAME	Catherine Josephine Keller
RESIDENCE	Mink Creek Ida.	RESIDENCE	Mink Creek Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mink Creek Ida	BIRTHPLACE	Logan Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida

Filed 3/8 1915 Dr Allen R Cutler
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1964

869-225-021-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28281

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 27

FULL NAME OF CHILD Kathlin Horton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One		Yes	Jan (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Horton	FULL MAIDEN NAME	Sarrah McDonald
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Glascow Scotland	BIRTHPLACE	Belfast Ireland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida

Filed 3/8 1915 Dr Allen R Cullen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-103-021-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 28283

Primary Registration District No. 2119 Registered No. 50

FULL NAME OF CHILD Sidney B

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	2 3 1915

FATHER	MOTHER
FULL NAME: Geo. Young	FULL MAIDEN NAME: Rosa Barfus
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Denmark
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Coulter

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3 10 1915 Dr Allen R Coulter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319.213.021-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28284

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 51

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 13 1915

FATHER		MOTHER	
FULL NAME	N.C. Carlson	FULL MAIDEN NAME	Mae C. Sorensen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Carlson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed 3/10 1915 Dr. Allen R Carlson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-201-021-268

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 28285

Primary Registration District No. 2119 **Registered No.** 52

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John P. Davis	FULL MAIDEN NAME	Alice Boyce
RESIDENCE	Dayton, Idaho.	RESIDENCE	Dayton, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	South Wales	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 17 Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Coulter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston Idaho

Filed 3/10 1915 Dr Allen R. Coulter *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-114 021-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 File No. 28286

Primary Registration District No. 2119 Registered No. 53

FULL NAME OF CHILD Arlond T. Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan. 14 1915

FATHER	MOTHER
FULL NAME: Oswald Chritensen	FULL MAIDEN NAME: Nettie Taylor
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Manti Utah.	BIRTHPLACE: Salem
OCCUPATION: Carpenter& Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Carter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho

Filed 3/10 1915 D. Allen R. Carter Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1976

693-207-021-462

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ *St.*

Hospital _____

Registration District No. 27 **File No.** 28287

Primary Registration District No. 2119 **Registered No.** 54

FULL NAME OF CHILD Connie Rose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Williams	FULL MAIDEN NAME	Mary Mosee
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Switzerland
OCCUPATION	Section hand R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:38 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Coulter

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston Idaho.

Filed 3/10 1915 Dr Allen R Coulter Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1974

AUG 2 7 1975

294-208-021-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28288

County of Franklin

City of Cederville

No. _____ *St.*

Hospital _____

Registration District No. 27 **File No.** _____

Primary Registration District No. 2119 **Registered No.** 55

FULL NAME OF CHILD Leone Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	2 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Hyrum Simmonds	FULL MAIDEN NAME	Ruth Agnes Roberts
RESIDENCE	Cederville, Idaho	RESIDENCE	Cederville, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Comish Utah	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:16 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ *Registrar*

Address Preston Idaho

Filed 3/10 1915 Dr Allen R Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1969

866.210.021-435

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28289

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 56

FULL NAME OF CHILD Elva Ireta Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 10 1915

FATHER	MOTHER
FULL NAME: Thomas Orin Howell	FULL MAIDEN NAME: Cloe Leona McNeil
RESIDENCE: Clifton Idaho	RESIDENCE: Clifton, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Clifton Idaho.	BIRTHPLACE: Airazona
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:26P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Allen R. Caulton

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 3/10 19 15 Dr. Allen R. Caulton Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155.116.021-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 2119

File No. 28290

Registered No. 57

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 16 1915

FATHER	MOTHER
FULL NAME: Richard Jensen	FULL MAIDEN NAME: May Lovina Monson
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: reston Idaho	BIRTHPLACE: Whitney, Idaho
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Coulton

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/10 1915 D.V. Allen R. Coulton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-283-021-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27

File No. 28291

Primary Registration District No. 2119

Registered No. 58

FULL NAME OF CHILD Alta Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	2 3 1915

FATHER	MOTHER
FULL NAME: James Hoggan	FULL MAIDEN NAME: Vernita Elizabeth Winward
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Scotland	BIRTHPLACE: South Jordan Utah
OCCUPATION: Salesman	OCCUPATION: housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Caldwell

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/10 1915 Dr Allen R Caldwell Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1973

689-122-021-997

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 28292

Primary Registration District No. 2119 **Registered No.** 47

FULL NAME OF CHILD Dale Rigouts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Whitehead	FULL MAIDEN NAME	Caroline Rigouts
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Melbourne Australia
OCCUPATION	Lumber Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 3/9 1913 Dr. Allen R. Carter *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-217-021-845

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 28293

Primary Registration District No. 2119 **Registered No.** 46

FULL NAME OF CHILD Venice Conal Nielson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester Nielson	FULL MAIDEN NAME	Elizabeth Hunter
RESIDENCE	Winder, Idaho.	RESIDENCE	Winder, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Morgan, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Preston, Idaho.

Filed 3/8 1915 Dr Allan R Crutt *Registrar*

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WYOMING } ss.
County of NATRONA }

Certificate No. 28293

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Nielson (Name on Original Certificate) who was born (Was Born or Died) on February 17, 1915 (Date of Event)
in Winder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing & Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on June 6, 1915 & June 1, 1924 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	unnamed	x Venice Conal Nielson

Subscribed and sworn to before me this 19th day of July, 19 76

Notary Public, residing at Casper, Wyoming
My commission expires Aug. 30, 1976.
(Seal)

Signed Albert R. Asay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2068 S. Cedar, Casper, WY 82601
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WYOMING } ss.
County of NATRONA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 19 76

Notary Public, residing at Casper, Wyoming
My commission expires Aug. 30, 1976.
(Seal)

Signed x Floyd Heatley
(Signature of Any Credible Person)

Box 2799, Casper, WY 82601
(Street Address, City, State)

DPH 52.155 / 1 copy only

JUL 2 7 1976

Certif of Blessing from the LDS Church gives nameas Venice Conal Neilson daughter of Peter Chester Neilsona dn Elizabeth Hunter born Feb 17, 1915 at Winder, Idaho Blessed June 6, 1915. viewed by V. S.

Certifi of Baptism and Confirmation from the LDSChurch gives nzme as Venice Conal Nielson daughter of Pter Chester Nielson and Elizabeth Hunter. born Feb 17, 1915 at Winder, Idaho. Baptized June 1, 1924. viewed by V. S.

312-211-051-264

PLACE OF BIRTH

Form V. S. N. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27

File No. 28294

Primary Registration District No. 2119

Registered No. 45

FULL NAME OF CHILD Delila Bardee Lake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 11. (Day) 1915. (Year)

FATHER	MOTHER
FULL NAME: Lyman Lake	FULL MAIDEN NAME: Lydia Bodily
RESIDENCE: Fairview, Idaho.	RESIDENCE: Fairview, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 52 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Hyrum, Utah.	BIRTHPLACE: Fairview, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stoke

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 3/9 1915 Dr. Allen R. Cutler Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 28294

Date Filed May 14, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delila Bardee Lake (Name on Original Certificate) who Was Born (Was Born or Died) on February 11, 1942 (Date of Event)
in Fairview, Franklin County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bardee	Delila Bardee Lake

Subscribed and sworn to before me this 14th
day of May, 1942

E. H. Birch
Notary Public, residing at Rigby Idaho.
My commission expires Dec. 8, 1943
(Seal)

Signed Ida Lake Bigler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 18 1942

MAY 20 19

793-203-021-916

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 2895

Primary Registration District No. 219 Registered No. 42

FULL NAME OF CHILD Maris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 3, 1915

FATHER	MOTHER
FULL NAME: Ettna E. Gilbert,	FULL MAIDEN NAME: Lottie Rawlings
RESIDENCE: Fairview Idaho	RESIDENCE: Fairview, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Fairview, Idaho.	BIRTHPLACE: Fairview, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sites

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/8 19 15 Dr Allen R Curtis Registrar

2-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20m-2-15-12

735-103-014-595

BUREAU O[redacted]TISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 28296

No. ..... St.

Primary Registration District No. 1005 Registered No. 24

Hospital .....

FULL NAME OF CHILD Oakley Vinson Glenn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	8.	6	yes	1/2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas M. Glenn	FULL MAIDEN NAME	Charity Vinson
RESIDENCE	Caldwell	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Norton Co Kansas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gill M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

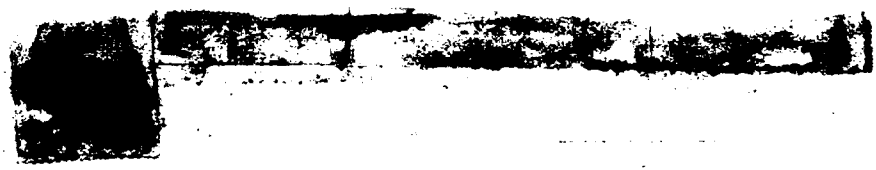
Address Caldwell Idaho

Filed 2-24- 1915 John P. Meyer

Registrar

Registrar

S-Y CO. 20174



296-105-014-749

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

Name added 2-22-79

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 28297

Primary Registration District No. 2005

Registered No. 25

FULL NAME OF CHILD Merle Oral Brody

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Feb - 5 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. K. Brody.	FULL MAIDEN NAME	Vada E. Gurwell.
RESIDENCE	Rockville Ore.	RESIDENCE	Rockville Ore.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F M Cole

BM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 2-13-1915 John J. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

SEP 16 1968

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 22 3 47 PM '79

State of _____ } ss.
County of _____

Certificate No. 28297
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Brody (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 5, 1915 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Merle Oral Brody

Subscribed and sworn to before me this 22nd day of February, 1979.

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Vada E. Cross
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office 2-22-79

Own child's birth certificate on file with Vital Statistics gives name of father as Merle Oral Brody. Child born April 17, 1937 in Nampa, Idaho. Certificate # 253863.

Viewed by V.S.

FEB 22 1979

Bank REcord regarding Bank Statement gives name as Merle O. Brody, # 1241 0040 00 13226 31. Original record 1968.

Viewed by V.S.

253-210-014-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 28298

Primary Registration District No. 2005 Registered No. 26

FULL NAME OF CHILD Gertrude Oletta Kelly

Sex of Child Female | Twin Triplet or other? other | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb. (Month) 10 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Alfred Herbert Kelly	FULL MAIDEN NAME Pearl Maud Knapp
RESIDENCE Caldwell Idaho	RESIDENCE Caldwell Idaho
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Racine Wisconsin	BIRTHPLACE Yreka California
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician (Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-16- 1915 John D. Meyer Registrar

S-Y CO. 24685

AUG 21 1953

249-210-014-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

No. _____ St.

Hospital yes.

Registration District No. 3 File No. 28299

Primary Registration District No. 2005 Registered No. 27

FULL NAME OF CHILD Dorthy Ann Burkholder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Feb 10 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. L. Burkholder	Rebecah E. Wood
RESIDENCE	Caldwell	Caldwell.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Ill.	Kan.
OCCUPATION	Civil Engineer	Housework.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 25 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-13- 1915 John L. Meyer Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

472-121-014-793

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 28300

Primary Registration District No. 2005 Registered No. 28

FULL NAME OF CHILD Thomas Curtis McKenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			Yes	Feb 21 1915

FATHER		MOTHER	
FULL NAME	W. C. McKenzie	FULL MAIDEN NAME	Anna Gilligan
RESIDENCE	New England N. D.	RESIDENCE	New England N. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oregon	BIRTHPLACE	N. Y.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole per C. E. K.

Physician (Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 27 1915 John D. Meyer Registrar

S-Y CO. 24655

IDAHO
VITAL STATISTICS
OF BIRTH

493-225-014-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

Registration District No. 3

File No. 28301

Primary Registration District No. 2005

Registered No. 29

FULL NAME OF CHILD .....

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: Feb 25th (Month, Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. E. Miller	FULL MAIDEN NAME	Edith M. Allison
RESIDENCE	Nampa. Rur. 1.	RESIDENCE	Nampa. Rur. 1.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sygert Idaho	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole or C. E. [illegible]

(Physician or midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-27- 1915 John D. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-126-014-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rus. Registration District No. 3 File No. 28302

No. ..... St. Primary Registration District No. 2005 Registered No. 30

Hospital .....

FULL NAME OF CHILD James Willard Mapes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	2	Yes	Feb 26 1915

FATHER		MOTHER	
FULL NAME	Edward N. Mapes	FULL MAIDEN NAME	Helen Griffith
RESIDENCE	near Caldwell Id	RESIDENCE	near Caldwell
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Caldwell Co. Mo	BIRTHPLACE	Carthage Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-27- 1915 John S. Mapes
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

864-126-014-449

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon Caldwell Hos.

City of ~~Caldwell~~ ~~Middleton~~

Registration District No. 3

File No. 28303

No. ..... St.

Primary Registration District No. 2005

Registered No. 31

Hospital Yes.

FULL NAME OF CHILD Robert Lewis Young

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Feb (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. A. Young	FULL MAIDEN NAME	Edith M. Udick
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Ohio
OCCUPATION	Mgr. of Grocery	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 Noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole per C. E. K.

Physician (Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19....

Filed Feb. 27 1915 John Meyer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-128'014-275

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R 7 Lb. St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 28304

Primary Registration District No. 2005 Registered No. 32

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Newland	FULL MAIDEN NAME	Mabel Spencer
RESIDENCE	Caldwell, Ida.	RESIDENCE	Caldwell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S J Mellon

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Caldwell, Ida.

Filed 3-5- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366.102.014-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. St.

Hospital —

Registration District No. 3 File No. 28305

Primary Registration District No. 2005 Registered No. 33

FULL NAME OF CHILD Ralph Looker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. O. Looker	FULL MAIDEN NAME	Cora Caylor
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mills

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 3-5-1915 John S. Meyer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/22/40 L.B.

267.105.014-419

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 28306

Primary Registration District No. 2005 Registered No. 34

FULL NAME OF CHILD Paul Mann Botts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	March 5 1915

FATHER		MOTHER	
FULL NAME	Alton Botts	FULL MAIDEN NAME	Maude Mann
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mills

Physician (Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-5-1915 John I. Meyer Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-101-001-385

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

County of Ada

City of

No. Maple Grove School

Hospital

Registration District No. 8

File No. 28307

Primary Registration District No. 2004

Registered No. 7

FULL NAME OF CHILD Rudi George Stanke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William C Stanke	FULL MAIDEN NAME	Matilda Thewka
RESIDENCE	Maple Grove School District	RESIDENCE	Maple Grove School District
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician [redacted])

Given names added from a supplemental report.

Address Boise Ida

19

Filed Jan 15 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 28 1968 Bureau of Vital Statistics

State of Idaho } ss. Certificate No. 28307

County of Ada } Date Filed Jan. 151915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Rudi George Stanke (Name on Original Certificate) who born (Was Born or Died) on Jan. 1, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Rudi George Stanke

Subscribed and sworn to before me this 21 day of October, 1968

Hazel L. Hurlberl

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1972

(Seal)

X Signed Frieda H. Tileston

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1006 N. 5 St.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 CC pd - Rec # 2960

DEC 19 1968

Social Security card issued September 4, 1937, Stating full name as Rudi George Stanke. Viewed by Vital Statistics. October 21, 1968

Marriage License, State of South Dakota, County of Deuel, September 29, 1938, gives name of groom as Rudi George Stanke and name of bride as Idella J. Hunt - viewed by VS.

555-207-001-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 925 No. 8 St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 28311

Primary Registration District No. 1004 Registered No. 1

FULL NAME OF CHILD FRANCES BERNEICE Henton

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph I. Henton	FULL MAIDEN NAME	Mary C. Kennedy
RESIDENCE	Mountain Home, Ida	RESIDENCE	Mountain Home, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mgr. Telephone	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:55 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. N. Tukey

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 315 Overland, Boise

Filed Jan 12 1915 M S Parker Registrar

19

Registrar

S-Y CO. 24655

FEB 27 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 28311

Date Filed Feb 25, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Frances Bernice Henton (Name on Original Certificate) who was born (Was Born or Died) on Jan 7 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by Over (Bible Record, Insurance Policy, Etc.) prepared on Over (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - Henton	Frances Berneice Henton
mother's name	Mary K. Kennedy	Mary C. Kennedy

Subscribed and sworn to before me this 25 day of February, 1942

Abe Bridge

Notary Public, residing at Seattle Wn

My commission expires Jan 29 1944
(Seal)

Signed Mrs Mary C. Henton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; ~~or~~ other credible person.)

906 Terry Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that ~~he~~ has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of February, 1942

Abe Bridge

Notary Public, residing at Seattle Wn

My commission expires Jan 29 1944
(Seal)

Signed Helen Russell
(Signature of Any Credible Person Other Than Previous Year)

6820 Fremont Seattle, Wash.
(Street Address, City, State)

Over

Frances Bernice Henton, was baptized April 14, 1916. St Johns Cathedral, Boise, Idaho.

Graduated from Lincoln High School June 15, 1932
Seattle, Washington.

Has policy with the Equitable Life Assurance Co. December 2, 1933
Seattle, Wash.

313-105-001-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 504 So. 15th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 28314

Registered No. 4

FULL NAME OF CHILD Earl Lackey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	— and —		Yes	Jan 5th (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Lackey	FULL MAIDEN NAME	Patsie Louise Patty
RESIDENCE	Viola, Idaho	RESIDENCE	Viola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Indian Territory	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:35 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor MD

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 12 1915 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-207-001-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. 3rd + Michigan

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 28315

Registered No. 5

FULL NAME OF CHILD Charlotte Carrico

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Jan 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter S Carrico	FULL MAIDEN NAME	Maude C Mason
RESIDENCE	3rd + Michigan	RESIDENCE	3rd + Michigan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~[illegible]~~*

I hereby certify that I attended the birth of this child, who was ..... at 7 A M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Jan 15 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1948

236.105.001-447

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ~~Idaho City~~

No. ..... *St.*

Hospital St Lukes

Registration District No. 2 **File No.** 28316

Primary Registration District No. 1004 **Registered No.** 6

FULL NAME OF CHILD Charles Alexander Stocker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alexander Stocker	FULL MAIDEN NAME	Celia M. Dupray
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 12.30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed Jan 15 19 15 M S Parker

Registrar Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1 1942

OCT 10 1960

432-111-001-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Ada

City of Boise

No 42, So 15 St.

Hospital

Registration District No 2

File No. 28318

Primary Registration District No. 1004

Registered No. 8

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—	1	Yes	1 11 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T H McKinney	FULL MAIDEN NAME	Katherine O'Neill
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	RR man	OCCUPATION	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Forney

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

Filed Jan 22 1915 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

319-116-001-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Alphonsus

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 28319

Primary Registration District No. 1004 Registered No. 9

FULL NAME OF CHILD John Bartley Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 16 1915

FATHER

FULL NAME Edgar B. Carpenter

RESIDENCE 116 E. Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ohio

OCCUPATION Dentist

MOTHER

FULL MAIDEN NAME Katharine Tillotson

RESIDENCE 116 E. Idaho.

COLOR AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Chicago Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 16th at 11:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numus (Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

1-18 1915

M S Parker

Registrar

Filed Jan 27 1915 M S Parker

Registrar

S-Y CO. 24688

554,104.001-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 1" & Manitou St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28323

Registration District No. 7

File No.

Primary Registration District No. 1004

Registered No. 13

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 4 1915

FATHER		MOTHER	
FULL NAME	Thomas A Coudsley	FULL MAIDEN NAME	Myra Mallory
RESIDENCE	1" & Manitou	RESIDENCE	1" & Manitou
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Street Car Conductor	OCCUPATION	At Boise

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H. Allen M.D.

(Physician or Midwife)

Address Box 205 McCarty Bld

Filed Jan 22 19 15 M S Parker
Registrar

S-Y CO., 16670

DEC 23 1970

713-109-001-695

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28324

County of Ada

City of Boise

No. 615 N. 8 St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 14

FULL NAME OF CHILD RAYMOND EDGAR PATTERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Otis P. Patterson	FULL MAIDEN NAME	Gertrude L Fields
RESIDENCE	615 N. 8	RESIDENCE	615 N. 8
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 6.00 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Jan 22 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 081915-341713

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH OR~~ DEATH

State of Oregon } ss.
County of Linn }

Certificate No. 28324
Date Filed Jan 22, 1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed Patterson (Name on original certificate) who was born (Was born or died) on January 9, 1915 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ✓ Bible Record (Bible record, insurance policy, etc.) prepared on ✓ January 1917 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Given Name	unnamed Patterson	Raymond Edgar Patterson

Subscribed and sworn to before me this 22nd
day of December, 1941

Notary Public, residing at Sweet Home, Or.
My commission expires April 14, 1945
[SEAL]

✓ Signed Clark H. Bosworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sweet Home, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

✓ Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

JUL 29 1945

DUP OF 1915-369713

6 [illegible] 001-244

PLA[illegible]H

Form V. S. No. 11-C—[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. 324 Washington St.

Hospital

Registration District No. 2

File No. 28325

Primary Registration District No. 1004

Registered No. 15

FULL NAME OF CHILD Helen Violet Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1 - 20 191 5

FATHER		MOTHER	
FULL NAME	J. V. Wheeler	FULL MAIDEN NAME	Ethel Budden
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed Jan 22 1915 M S Parker
Registrar

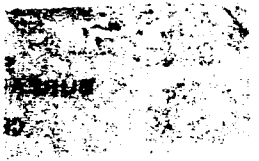
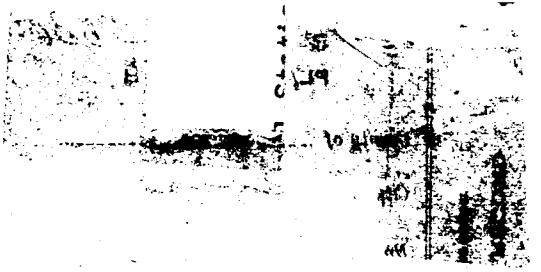
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
JUL 17 1964
Bureau of Vital Statistics

Certificate No. 28325

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wheeler (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Violet Wheeler

Subscribed and sworn to before me this 24 day of June, 19 64

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Ethel M. Wheeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

29 So Peach St. Medford Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of July, 19 64

Notary Public, residing at Jacksonville, Ore.

My commission expires Jan. 1, 1965

(Seal)

Signed Warren V. Strang
(Signature of Any Credible Person)

1631 N. Pitt, Medford, Oregon
(Street Address, City, State)

FORM DH 60-155

in office 6-24-64. 1 Copy paid me #379.

.Not. Photo Copy of Family Bible Record, appears old and unaltered gives one child's full name as Helen Violet Wheeler, born Jan. 20, 1915 - viewed by V.S.

Notification of Own Child's Birth Cert., State of California, gives full name of child as Richard Marshall Dopkins, born May 16, 1942 at Woodland Clinic, Woodland, Californi to Ira Marshall Dopkins and Helen Violet Wheeler - cert. no. 89 - viewed by V.S.

AUG 17 1964

243-118'001-261

PLACE OF BIRTH

Form V. S. No. 11—[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 28326

Registered No. .....

Full Name of Child Sayles Peter Butler

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Jan. 18 (Month) (Day) 19 15 (Year)

	FATHER		MOTHER
FULL NAME	Frank Butler	FULL MAIDEN NAME	Martha C. Swanger
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Shiloh, Ohio
OCCUPATION	Attorney-at-law	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W S Peters

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise

Filed Jan. 22, 1915 M S Parker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1968

653-118-001-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 28327

Primary Registration District No. 1004

Registered No. 17

FULL NAME OF CHILD James Wells

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Jan. (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Wells	FULL MAIDEN NAME	Mary Taylor
RESIDENCE	Idaho City - Idaho	RESIDENCE	Idaho City - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio.
OCCUPATION	Mining	OCCUPATION	Post mistress.

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 18th 1915, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed Jan 23 1915 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

966-119-001-655

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28328

County of Ada

City of Boise

No. 745 E Bannock

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 18

FULL NAME OF CHILD HENRY FRANCIS Root

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	1 19 1915

FATHER		MOTHER	
FULL NAME	Henry F. Root	FULL MAIDEN NAME	Florance Fenrich
RESIDENCE	745 E Bannock	RESIDENCE	745 E Bannock
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pillinger
(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed Jan 23 1915

M S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1948

FEB 3 1964

363-21 5-001-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 621½ So 13 St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 28329

Primary Registration District No. 1004 Registered No. 19

FULL NAME OF CHILD Olive Catherine Collett

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 15 (Day) 1914 (Year)

FATHER	MOTHER
FULL NAME Fred F. Collett.	FULL MAIDEN NAME Elizabeth M Jensen.
RESIDENCE 621½ So 13th	RESIDENCE 621½ So 13th
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Minn
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 23 1915 Mrs S Parker Registrar

S-Y CO. 24655

JUL 6 1943

DEC 17 1943

Name from card
7/31/43
3.9.

718-117-001-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. 718 McKinley *St.*

Hospital

Registration District No. 2 **File No.** 28332

Primary Registration District No. 1004 **Registered No.** 22

FULL NAME OF CHILD DAVID SAMPSON PAYTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj. F. Payton	FULL MAIDEN NAME	Anna F. Hodges
RESIDENCE	718 McKinley Street	RESIDENCE	718 McKinley Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Dueboys Co. Ind.	BIRTHPLACE	Morgan Co. Mo.
OCCUPATION	Transfer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Jan 30 1915 M S Parker

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-1-40 mp

714-125-001-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 310 Union St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 28334

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD Robert Howard Gambling

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Jan. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert C. Gambling	FULL MAIDEN NAME	Millie V. Niebaur
RESIDENCE	310 Union St.	RESIDENCE	310 Union St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Turney,
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed Jan 30 1915 M S Parker
Registrar

Registrar

8-Y CO. 24655

386-120-001-258

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1220-N 5 St.

Hospital

Registration District No. 8 File No. 28335

Primary Registration District No. 1004 Registered No. 26

FULL NAME OF CHILD William Logan Thomson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	1		1	Yes	Jan 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William G. Thomson	FULL MAIDEN NAME	Georgia Blythe
RESIDENCE	1220 - N. 5th St.	RESIDENCE	1220 - N. 5th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm F. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 30 1915 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1943

863-220-001-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. 28336

Registered No. 26

FULL NAME OF CHILD Marcia Nadine Hollenrake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Jan 20 1915

FATHER		MOTHER	
FULL NAME	Wm E Hollenrake	FULL MAIDEN NAME	Marcia Kendrick
RESIDENCE	1107 Fort	RESIDENCE	1107 Fort
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 2.15 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Jan 30 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 - 1954

253-109-001-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1919 No. 18th St.

Hospital

Registration District No. V

Primary Registration District No. 1004

File No. 28337

Registered No. 27

FULL NAME OF CHILD Robert Elmore Bell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Jan 19th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. E. Bell	FULL MAIDEN NAME	Gladys F. White
RESIDENCE	Garden Valley.	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Carpenter & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Jan 30 19 15 M S Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/12/41 L. B.

599-224001-612

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28338

County of Ada

City of Boise

No. 2302 N. 16th St.

Registration District No. ____ File No. ____

Primary Registration District No. 1004 Registered No. 28

Hospital Caroline Lavon

FULL NAME OF CHILD Mildred Claudine Erickson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes	Jan. 24 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Erick Eendson	FULL MAIDEN NAME	Belle E. Wasdren
RESIDENCE	2302 No. 16th St.	RESIDENCE	2302 No. 16th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed Jan 30 19 15 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ Utah } ss.
County of Salt Lake }

Certificate No. 28338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Mildred C. Erickson (not so named, christened Caroline Lavon Erickson) who was born on Jan. 24, 1915
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Boise, Idaho are erroneous ~~as written~~; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by bible record prepared ~~on~~ probably in Feb., 1915, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mildred C. Erickson	Caroline Lavon Erickson

Subscribed and sworn to before me this 2nd
day of May, 1942.

Signed Belle W Erickson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gloumer Mahoney
Notary Public, residing at 28 E. Broadway

427 west 5 North Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

My commission expires Sept 23 1945
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of May, 19 42.

Signed Belva E. Kehrns
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gloumer Mahoney
Notary Public, residing at 28 E. Broadway

2515 Glenmore St
(STREET ADDRESS, CITY, STATE)

My commission expires Sept 23, 1945
(SEAL)

Salt Lake City Utah

Received for filing on MAY 4 1942 By
(REGISTRAR'S SIGNATURE)

MAY 7 1942

415-222-001-445

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. 28339

Primary Registration District No. 1004

Registered No. 29

FULL NAME OF CHILD Florence May Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Jan (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Francis Davis	FULL MAIDEN NAME	Olive Dunsworth
RESIDENCE	1109 N. 14th	RESIDENCE	1109 N 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ill
OCCUPATION	Foreman	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 12.45 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hill Brook

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

..... 19....

Filed Jan 30 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

-16339

State of Washington } ss.
County of Pierce }

Certificate No. [redacted]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Florence May Davis (Birth or death) for Florence Davis (Name on original certificate) who born (Was born or died) on Jan. 22nd. 1915 (Date of event) in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record, Boise Idaho (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Florence	Florence May Davis

Subscribed and sworn to before me this 17th. day of December, 19 41

Henry Allen

Notary Public, residing at Puyallup

My commission expires Nov. 18th. 1944

[SEAL]

Signed Charles F. Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

311½, 2nd. St. N.E. Puyallup
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th. day of December, 19 41

Henry Allen

Notary Public, residing at Puyallup

My commission expires Nov. 18th. 1944

[SEAL]

Signed Charles F. Davis
(Signature of any credible person other than the previous affiant.)

311½, 2nd. St. N.E. Puyallup
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 27 1941

365·116·001-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28340

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 32

FULL NAME OF CHILD Carl Frazier Conner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		First	Yes.	Jan. 16 1914

FATHER	MOTHER
FULL NAME Fred Irwin Conner.	FULL MAIDEN NAME Margret Fae Kinsely.
RESIDENCE Boise	RESIDENCE Boise
COLOR White. AGE AT LAST BIRTHDAY ..... (Years)	COLOR White. AGE AT LAST BIRTHDAY 29. (Years)
BIRTHPLACE Marion Ind.	BIRTHPLACE Ottumwa Iowa
OCCUPATION	OCCUPATION Home wife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 23 19 15 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942.229.001.995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 2015 - N - 14 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 28341

Primary Registration District No. 1004

Registered No. 30

FULL NAME OF CHILD Nellie Alline Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Jan 29 1915

FATHER		MOTHER	
FULL NAME	George T Russell	FULL MAIDEN NAME	Mary Ireland
RESIDENCE	2015 - N - 14 St	RESIDENCE	2015 - N - 14 St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Chuck

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 30 1915 M S Parker
Registrar

S-Y CO. 24656

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 23 10 23 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28341

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed female Russell (Name on Original Certificate) who was born (Was Born or Died) on January 29, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Nellie Alline Russell

Subscribed and sworn to before me this 22nd day of July, 19 75

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Rue R. Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Report Card issued by the Boise County Public School for the School Yearl of 1923 and 1924, to Nellie Alline Russell in 1st Grade 9th Dist. Ruth E. Markse, Teacher.
Mother signs as Alice Russell.
Viewed by V.S.

JUL 2 3 1975

Marriage license issued by Gem County in the State of Idaho gives name of the bride as Nellie Alline Russell. Married August 11, 1934.
Viewed by V.S.

[redacted] 299-106-029-625

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bovill

No. ## ## St.

Hospital ##

Registration District No. 66

File No. 28342

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD James Henry Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	2 - 6 - 1915

FATHER		MOTHER	
FULL NAME	Amy Briggs	FULL MAIDEN NAME	Blanch O'Kief
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Gibson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill

Filed 7/16 1915

..... Registrar

S-Y CO. 24656

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692.220'029-215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital #

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66 File No. # 28343

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD Erma Mae Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) – 20 (Day) – 1915 (Year)

FATHER		MOTHER	
FULL NAME	Irwin Lee Fisher	FULL MAIDEN NAME	Lela May Sanderson
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Bovill - Idaho

Filed Feb 6 1915 J. Champion Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1962

143-117-029-625

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital #

Registration District No. 66 File No. 1 28344

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD Willis Henry Auchutz

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—		yes	1 (Month) – 17 (Day) – 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip Auchutz	FULL MAIDEN NAME	Veronica O'Keefe
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Bovill, Idaho

Filed Feb 6 1915 J. L. Shampine
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 · 313195

415.106 653

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28345

County of [redacted]

City of near Arrow Jct.

Registration District No. 2148. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Benjamin T. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes.	Feby 6, 1915

FATHER

FULL NAME Benj. F. Davis

RESIDENCE Arrow Jct.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ills

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martha J. Welch.

RESIDENCE Arrow Jct

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Mo

OCCUPATION Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe M D
(Physician or midwife)

Address Juliaetta Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feby 11 19 15 S A Roe Registrar

S-T CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

695-210-035-249

PLACE OF BIRTH

County of Nez Perce

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28347

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Olive Belle Frederickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes	Jan. 10 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank G. Frederick	FULL MAIDEN NAME	Olive Smith
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Troye Minnesota
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Annie L. Davis

Clara B. Smith (Physician or midwife)

Address Juliaetta, Idaho

Filed Jan 12 1915 S. A. Roe Registrar

B-Y CO. 24055

JUL 2 7 1948

493213-01X689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 5 File No. 28350

No. ____, ____ St. Primary Registration District No. 2009 Registered No. 6

Hospital ____

FULL NAME OF CHILD Mildred Lucile Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	Feb 13, 1915

FATHER		MOTHER	
FULL NAME	John G. Miller	FULL MAIDEN NAME	Mabel Whitted
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) Wm J. Drysdale M.D

(Physician or Midwife)

Address New Plymouth Ida

Filed Feb 19 15 Wm J. Drysdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 5 1974

935-109-01X-49.5

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH.

Registration District No. 5

File No. 28351

Primary Registration District No. 2009

Registered No. 5

FULL NAME OF CHILD Raymond Slett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 9, 1915

	FATHER	MOTHER
FULL NAME	James Slett	Frances A. Minor.
RESIDENCE	New Plymouth Ida	New Plymouth
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Redwood Falls, Minnesota	Retreat, Wisconsin.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida

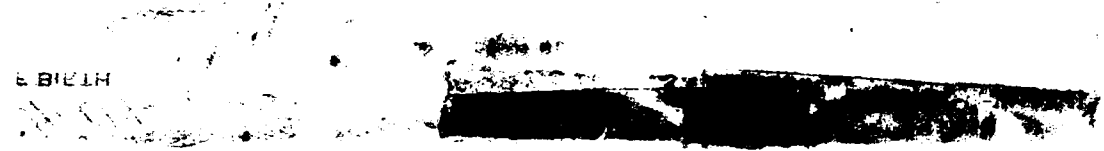
Filed Feb 15 19 Wm J. Drysdale
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


BIRTH

863-122-014-653

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S. No. 1-C—2m-1-1-19

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6

File No. 28352

Primary Registration District No. 1010

Registered No. .....

FULL NAME OF CHILD Donald Holebrook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1-22-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Francis Holebrook	FULL MAIDEN NAME	Edith Pearl Wells
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett

Filed 2-30 1915 J L Reynolds Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-128-014-958

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 6

File No. 28353

No. ..... St.

Primary Registration District No. 10 10

Registered No. .....

Hospital .....

FULL NAME OF CHILD Earnest Earl P Phillips

Sex of Child: Male

Twin, Triplet or other? ... and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 1 (Month) 28 (Day) 1914 (Year)

FATHER	MOTHER
FULL NAME: Henry Augusta P Phillips	FULL MAIDEN NAME: Martha E Ingman
RESIDENCE: Emmett Idaho	RESIDENCE: Emmett Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: House wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-3-1914 J. L. Reynolds Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341
Local Reg. No. 6
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Emmett Ida
3. **RESIDENCE of FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Ernest Earl Phillips
5. Date of Birth (Month, day, year) Jan 28, 1915
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry A Phillips
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Fruitland (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elaine Ingman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum 1% Silver Nit
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 1
(c) Born alive and now dead / (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Martha Ingman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. 4/23/42 (Date received) (b) J C Reynolds (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J C Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 4-23-42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-225-009-296

PLACE OF BIRTH

Form V. S. No. 11-E.-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Naples

No. ..... St.

Hospital .....

Registr[redacted]strict No. 79

File No. 28354

Primary Registration District No. 2156.

Registered No. .....

FULL NAME OF CHILD ~~Violet Mae~~ Marian Morice.

Sex of Child: Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth: Oct. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John A. Morice	FULL MAIDEN NAME	Violet M. Browning
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Morice

Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address Naples, Ida.

Filed Jan. 9 1915. E. E. Fry, Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

JUL 16 1976

345-112-009-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. _____ St.

Hospital _____

Registration District No. 79

File No. 28363

Primary Registration District No. 2156

Registered No. _____

FULL NAME OF CHILD Roberts Cundell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Jan. 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter C. Cundell	FULL MAIDEN NAME	Agnes Johnson
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mgr. Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Bonners Ferry, Ida

Filed Jan. 13 1915

E. E. Fry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884.128.009-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28364

County of Bonner

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 216 Registered No.

Hospital

FULL NAME OF CHILD Clinton Isaiah Hydone

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Jan. 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude Hydone.	Emma Causton.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	28
BIRTHPLACE	Kansas.	England.
OCCUPATION	Mechanic	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

Registrar

Filed Jan. 31 19 15 E E Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1942

995-101-009-781

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 79 File No. 28365

No. ____ St. Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD George Irving

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	— (To be answered only in event of plural births)	—	yes.	Feb. 1st. 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Irving	FULL MAIDEN NAME	Elizabeth A. Share
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Minnesota.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Irving

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed Feb. 4 1915 E. E. Irving Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

629-101-209-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boone

City of Bonners Ferry — Registration District No. 79 — File No. 28366

No. ____ St. — Primary Registration District No. 2156 — Registered No. ____

Hospital ____

FULL NAME OF CHILD John Arthur O'Brien

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes	Feb. 1 1915

FATHER		MOTHER	
FULL NAME	John W. O'Brien	FULL MAIDEN NAME	Anne Brown
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Nova Scotia
OCCUPATION	Clerk (gen'l Store)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Frey

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed Feb. 2 1915 E E Frey Registrar

2-Y CO. 24655

MAY 2 1942

MAY 6 1942

221-208 009-445

Amended 8/2/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28368
Local Reg. No.
Reg. Dist. No. 79

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elsie
b. (Middle): Lillian
c. (Last): Skaurud

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb 18, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Clarence
b. (Middle):
c. (Last): Skaurud

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

10. USUAL OCCUPATION: Stationing Engineer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lillie
b. (Middle):
c. (Last): Dunning

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. E. Fry

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bonners Ferry, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb 18, 1915

22. REGISTRAR'S SIGNATURE: E. E. Fry

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 12 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use BLACK typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 21 12 32 PM '76

State of California
County of Contra Costa } ss.

Certificate No. 28368

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Lily Skaraud (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1915 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elsie Lily Skaraud	Elsie Lillian Skaurud
Father's Name	Clarence Skaraud	Clarence Skaurud
Full Maiden Name of Mother	Lily Dunning	Lillie Dunning

Subscribed and sworn to before me this 23rd day of October, 1965

Ben Peterson

Notary Public, residing at Brentwood, California

My commission expires July 15, 1966

(Seal)

Signed Lillie Dunning Skaurud
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

Box 488, Brentwood, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1965

Ben Peterson

Notary Public, residing at Brentwood, California

My commission expires July 15, 1966

(Seal)

Signed Betty Skaurud Coffee (sister)
(Signature of Any Credible Person)

118 Beede Way, Antioch, Calif.
(Street Address, City, State)

FORM DH 60-155

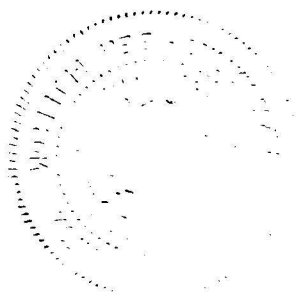
CL 9-8-65. one copy pd. rec. #9110.

Report card from Boundary County Public schbols gives name as Elsie Skaurud for the school year 1921-1922.teacher: Ruth C. Lozier. viewed by V. S.

Marriage licen se and certif from Idaho gives names as Clarence H. Skaurud and Lille M. Dunning. dated Aug 2, 1912. viewed by V. S.

Marriage License ~~fr~~ from Alamenda, Calif gives names as Norman Owen Chace and Elsie Lillian Skaurud dated March 29, 1939. viewed by V. S.

Certified copy of Birth ~~g~~ from California gives child's name as Marianne Joy Chace born May 24,1947 at Alemeda, Calif. gives father's nameas Norman Owen Chace and mother's name as Elsie Lillian Skaurud. ~~h~~ viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 28368

County of Boundary

City of Bonners Ferry — Registration District No. 79

No. ____ St. — Primary Registration District No. 2156 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Elsie Lily St Maraud

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Feb. 18 1915

FATHER

FULL NAME Clarence St Maraud

RESIDENCE Bonners Ferry, Ida

COLOR White — AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Minnesota

OCCUPATION Stationary Engineer

MOTHER

FULL MAIDEN NAME Lily Deming

RESIDENCE Bonners Ferry, Ida

COLOR White — AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Frye

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

....19....

Registrar

Filed Feb 18 1915 E E Frye Registrar

S-Y CO. 24655

OCT 19 1965

AUG 3 1976

434-105-009-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28369

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St. Primary Registration District No. 2135 Registered No. 741

Hospital

FULL NAME OF CHILD Harald Hayse McMurray

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	Feb 5 1915

FATHER		MOTHER	
FULL NAME	W C McMurray	FULL MAIDEN NAME	Latie Happerstead
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Preacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive [illegible]) at 25 C. M on the date above stated.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint Ida

Filed Mar 6 1915 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-1-106-009-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 28370

No. ..... St.

Primary Registration District No. 2135 Registered No. 742

Hospital .....

FULL NAME OF CHILD Ernest Floyd Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 6 1915

FATHER		MOTHER	
FULL NAME	Elus Weaver	FULL MAIDEN NAME	Grace Manes
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) ..... at 5-25-9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 6 19 15 M McKinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 0 1942

458-207-009-695

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 28371

No. ..... St.

Primary Registration District No. 2155

Registered No. 743

Hospital .....

FULL NAME OF CHILD Geneva J. Meyers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	2 - 7 - 1915

FATHER		MOTHER	
FULL NAME	Jno. Meyers	FULL MAIDEN NAME	Mary Winkle
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Teamster	OCCUPATION	Hinp

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Mar 6 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/29/41, w.h.

179-14-009-767

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28372

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 774

Hospital

FULL NAME OF CHILD Sam April

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 16 1915

FATHER		MOTHER	
FULL NAME	Sam April	FULL MAIDEN NAME	Tearsa Popandreo
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M McRannon

(Physician or midwife)

Address Sand Point Ida

Filed Mar 6 1915 M McRannon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 28372

Date Filed APR 13 1942 Birth

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Jimmie April (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 18, 1915 (DATE OF EVENT)
in Sandpoint, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on -- (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Jim April	Jimmie April
name of father	Sam Aprl	Sam April
mother's name	Theresa Popadre Her	Theresa Popendreo

Subscribed and sworn to before me this 11th day of April, 19 42.

Witness to Mark: Billie L. Baker

Signed Mark Theresa April
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Frances J Long
Probate Judge
Notary Public, residing at Sand Point Ida

201 Division Ave—Sand Point
(STREET ADDRESS, CITY, STATE)

My commission expires January 1948
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 42.

Signed Bernard J List
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Frances J Long
Probate Judge
Notary Public, residing at Sand Point, Ida

Sand Point, Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires January 1943
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 15 1942

468-222-009-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28373

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 745

Hospital

FULL NAME OF CHILD Beatrice Francis Doyle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Doyle	FULL MAIDEN NAME	Vivian Wilkins
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Minn
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 40 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Mar 6 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1969

242-123-009-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28374

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2135 Registered No. 746

Hospital

FULL NAME OF CHILD Bush

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	2 - 23 1915

FATHER

FULL NAME	Virgil Bush
RESIDENCE	Sandpoint
COLOR	W
AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich
OCCUPATION	Laborer

MOTHER

FULL MAIDEN NAME	Nita Dorsey
RESIDENCE	Sandpoint Ida
COLOR	W
AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montana
OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. B. Patterson

(Physician or midwife)

Address Sandpoint

Filed Mar 6 1915 M. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

OCT 8 1975

846-226-009-366

PLACE OF BIRTH

County of Bonner

City of Ponderay

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 28375

Primary Registration District No. 2155 Registered No. 747

FULL NAME OF CHILD Irene Hazle Huffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	2-26-1913

FATHER		MOTHER	
FULL NAME	Elroy F. Huffman	FULL MAIDEN NAME	Helen D. Cook
RESIDENCE	Ponderay	RESIDENCE	Montana Ponderay
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Patterson
(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 6 1913 W. M. McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1965

564.128.009-755

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted]AHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 78 File No. 28377

No. ..... St.

Primary Registration District No. 2155 Registered No. 749

Hospital .....

FULL NAME OF CHILD Bud Colfax Norton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	4"	Yes	Feb 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christopher Norton	FULL MAIDEN NAME	Alice Renrod
RESIDENCE	Careys Ferry Ida	RESIDENCE	Careys Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Gratiot County Mich	BIRTHPLACE	Sanaway County Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feby 28 1915, at 3 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Priest River

Filed Mar 6 1915 M McKinnon
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 12 1971

763-128-009-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 28378

No. ..... St.

Primary Registration District No. 2155 Registered No. 750

Hospital .....

FULL NAME OF CHILD CLIFFORD AMIL POLLOCK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 28 1915

	FATHER	MOTHER
FULL NAME	Oliver Pollock	Ellen Jane Pettit
RESIDENCE	Oden Ida	Oden Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

..... 19.....

Filed Mar 6 1915 M McKinnon Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] 1954

339-126-009-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 18 — File No. 28379

No. ____ St. — Primary Registration District No. 2165 — Registered No. 731

Hospital ____

FULL NAME OF CHILD Clintsman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 26 1913

FATHER		MOTHER	
FULL NAME	Wm Clintsman	FULL MAIDEN NAME	Anna Baesen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

____ 19____
Registrar

Filed Mar 6 19 15 M McKinnon
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-209-031-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gewis

City of Ico

No. ..... St.

Hospital .....

Registration District No. 50 File No. 28381

Primary Registration District No. 2129 Registered No. 83

FULL NAME OF CHILD RANDALL, ~~unnamed~~ Margaret Rozella

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Clay Randall	FULL MAIDEN NAME	Anna June McCorkel
RESIDENCE	Ico Idaho	RESIDENCE	Ico Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	M.C.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Ico, Idaho.

Filed Feb 12 1915 H.C. Parrish
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-105 [illegible] 457

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible] S. No. [illegible]

County of Lewis

City of Vollmer

Registration District No. 50

File No. 28382

No. ..... St.

Primary Registration District No. 2129

Registered No. 83

Hospital .....

FULL NAME OF CHILD ~~Not named~~ Donald Eugene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Feb (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Black	FULL MAIDEN NAME	Lulu Pearl Departee
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Silver City, Utah	BIRTHPLACE	Moscow, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burtz M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Vollmer, Ida.

Filed Feb 25 1915 H. C. Parrish
Registrar

S-Y CO. 24655

NOV 2 8
SEP 8 1958
FEB 2 3 1945

289-222-031-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

Registration District No. 50 File No. 28383

Primary Registration District No. 2129 Registered No. 82

FULL NAME OF CHILD ~~Not Named~~ Etta Fay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 22 1913

FATHER		MOTHER	
FULL NAME	Robert Byrd.	FULL MAIDEN NAME	Maud Greer
RESIDENCE	Mohler, Ida.	RESIDENCE	Mohler, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Jefferson N.C.	BIRTHPLACE	Jefferson, N.C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burks M.D.

(Physician ~~or midwife~~)

Address Vollmer Ida.

Given names added from a supplemental report.

..... 19...

..... Registrar

Filed Feb 25 1915 H. C. Parrish Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1970

MAR 4 1966

433-222-031-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28385

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50

File No. .....

Primary Registration District No. 2129

Registered No. 85

FULL NAME OF CHILD Rilla Caroline McLagan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George A. McLagan	FULL MAIDEN NAME	Mable Grace Jackson
RESIDENCE	Vollmer, Ida	RESIDENCE	Vollmer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Windsor Ont. Can	BIRTHPLACE	Indianola, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida

Filed Feb 25 1915 H. C. Parrish

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1976

851-105-028-336

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126

File No. 28386

No. ..... St.

Primary Registration District No. 2204

Registered No. 8

Hospital Residence 2½ West

FULL NAME OF CHILD Albert Cecil Healey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	third	yes	Feby 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph C. Healey	FULL MAIDEN NAME	Emily J. Clark
RESIDENCE	2½ Mi West Rose Lake Ida	RESIDENCE	2½ Mi West Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	Elberton Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth third

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 40 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake Ida

Filed March 6 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 6 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of .....

JAN 6 9 11 AM '77

Certificate No. 28386

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Healey (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 5, 1915 (Date of Event)
in Rose Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Albert Cecil Healey

Subscribed and sworn to before me this 22 day of December, 19 76

Mary L Mason

Notary Public, residing at Apache Jct, Ariz

My commission expires 7-22-79

(Seal)

Signed June B Shuel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 9310 E Apache Mesa Ariz
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DN 60-155

CL 11/29/76 lcc pd.

Honorable Discharge from the U.S. Army gives nameas Albert C. Healey. Born Feb 5; 1915 at Roselake, Idaho. Date of Separation Nov 17, 1945. viewed by V. S.

JAN 1 0 1977

Family Bible record gives nameas Albert Cecil Healey born Feb. 5, 1915 at Roselake, Idaho. viewed by V S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-120-028-341

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28387

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

Registration District No. 124 File No. .....

Primary Registration District No. 2204 Registered No. 7

FULL NAME OF CHILD Clarence Elsworth Zornes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	X and	5	Yes	Feb 20 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Shern Zornes	Grace Crabtree
RESIDENCE	Springston Ida	Springston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	Iowa	Neb.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 20. 1915 at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Kinney M. D.

Physician
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

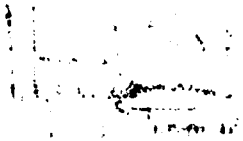
..... 19.....

Registrar

Filed March 6 1915 R. S. Jensen

Registrar

S-Y CO. 24695



285:102.042-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STA[redacted]HO
BUREAU O[redacted]TATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. 28388

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Wm Seymour Sheldon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	2 - 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. E. Sheldon.	FULL MAIDEN NAME	Grace ~~Michels~~ Michaels.
RESIDENCE	3 N. Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 28. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 AM M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl.

Filed 2 - 4 1915 J. F. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-105-042-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 28389

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Dale Myers Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Feb 5 1915

FATHER		MOTHER	
FULL NAME	G. Wallace Reese	FULL MAIDEN NAME	Mary Myers
RESIDENCE	583 W Buhl	RESIDENCE	583 W Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Port Matilda Pa	BIRTHPLACE	Graham Pa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky Phys

(Physician or midwife)

Address Buhl Ida

Filed Feb 25 19 15

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

_____ Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8389

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Dale Myers Reese

Subscribed and sworn to before me this 24
day of Jan, 1947
Paulene Ambrose
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed ✓ Walter Reese
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 24 1945

315-208-042-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28390

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Lois Carruth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem				yes	Feb 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Carruth	Catherine Johanson
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	35
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhuter

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 25 19 15

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 28390

Date Filed Feb. 8, 1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Lois Carruth (Name on Original Certificate) who was Born (Was Born or Died) on Feb. 8, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 8 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Edna Lois Carruth

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed Kate Carruth Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rout 5 Box 69 Salem oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed J W Carruth
(Signature of Any Credible Person Other Than Previous Year)

Route 5 Box 39
(Street Address, City, State)

JAN 8 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-217-042-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 28391

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Viola Alina

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	2-17-1915

FATHER		MOTHER	
FULL NAME	Thos Meikle	FULL MAIDEN NAME	Zella Doll.
RESIDENCE	3 S. Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 2-25 1915 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-108-042-553

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Bubl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. 28392

Primary Registration District No. 2097 Registered No. .....

FULL NAME OF CHILD Willis Walter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	2-18 1915

FATHER		MOTHER	
FULL NAME	P. F. Martin.	FULL MAIDEN NAME	Oreda. Nelson.
RESIDENCE	6 W. 3 S. Bubl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Sweeden.	BIRTHPLACE	Minn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bubl. Ida.

Filed 2-25 1915 J. T. Murphy
Registrar

S-Y CO. 24655

FEB 28 1942

135-118-042-953

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28393

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Feb (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Alexander	FULL MAIDEN NAME	Maggie E. Ince
RESIDENCE	48-1 West Buhl	RESIDENCE	48 S W. Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake Co, Utah	BIRTHPLACE	Salt Lake Co Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McCluskey
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Buhl Ida

Filed Feb 25 1915

_____ Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-320-042 819

Amended 5/4/81

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 31. File No. 28394

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Eleanor Viola Gould

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	2-20 1916

FATHER		MOTHER	
FULL NAME	R. A. Gould.	FULL MAIDEN NAME	Prentice Harris.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kan.	COLOR	W.
OCCUPATION	Prof. Livery Barn.	AGE AT LAST BIRTHDAY (Years)	17
		BIRTHPLACE	Wash
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8:10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy. M D (Physician or midwife)

Address Buhl.

Given names added from a supplemental report.

..... 19.....

Filed 2-25 1916 J. A. Murphy Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 28394

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Viola Gould (Name on Original Certificate) who Born (Was Born or Died) on Feb 20 1915 (Date of Event)
in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Viola Gould	Eleanor Viola Gould

Subscribed and sworn to before me this 4
day of May, 1985

Signed Eleanor V Hartley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Teresa K Merrill
Notary Public, residing at Boise Idaho

My commission expires April 3, 1985
(Seal)

2202 No 19 - Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

marriage-record from Washington gives nme as A. C. Hartley and Eleanor Gould datedApr 14, 1932. viewed by V. S.

MAY 4 1981

Baptismal record from First Christian Church gives name as Eleanor V. Hartley dated Jan 30 1944(day baptized). viewed by V. S.

366-22.042-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. _____ File No. 28395

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Georgia Grace Lowry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 22 1913

FATHER		MOTHER	
FULL NAME	John H. Lowry	FULL MAIDEN NAME	Emma C Baldwin
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M on the date above stated.

(Signature) Chas. Whitaker

(Physician or midwife)

Address Buhl Ida.

Filed Feb 25 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 _____

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 12 1954

295-222-042-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28396

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Augusta Owen Kinyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	2-22-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. W. Kinyon	Grace Christman.
RESIDENCE	5 P. 7 W. Buhl.	Same.
COLOR / AGE AT LAST BIRTHDAY (Years)	W. / 38.	W. / 35
BIRTHPLACE	Ill.	Mo.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at Twin Falls, Ida. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Murphy M. D

(Physician or midwife)

Address Buhl Ida.

Filed 2-25 1915 J. N. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9-26-57

PLACE OF BIRTH

- 391-124-042-315

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 28397

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Farris Woodrow Craner
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	February 24, [redacted] 1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	W. J. Craner	FULL MAIDEN NAME	Luella Tanner
RESIDENCE	1 W. 3 S. Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Address Buhl, Idaho

Filed 2-25-15 [redacted] J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 9 1957.
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28397

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Davis Woodrow Craner (Name on Original Certificate) who born (Was Born or Died) on 2-24-15 (Date of Event)

in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Genealogy (Bible Record, Insurance Policy, Etc.) prepared on 1942 by the Tanner Family Association. (Give Date)

Military Record viewed by vital Stat.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	March 4, 1947	
	viewed by v.s.	
Child's Name	Davis Woodrow Craner	Farris Woodrow Craner
Mother's First Name	Louella	Luella

Subscribed and sworn to before me this 24th. day of August 1957

[signature]

Notary Public, residing at Boise, Idaho
My commission expires Jan. 1, 1961
(Seal)

Signed X Luella Craner Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2930 Neff Street, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1957

Notary Public, residing at Boise, Idaho
My commission expires Jan. 1, 1961
(Seal)

Signed John A. Patten
(Signature of Any Credible Person)

3216 Treasure Dr Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155

L 8-8-57 1 copy paid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28397

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Davis Woodrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	2 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. J. Craner	FULL MAIDEN NAME	Louella Tanner
RESIDENCE	1 W. 3 S. Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 2-25 1915 J. T. Murphy
Registrar

S-Y CO. 24655

SEP 27 1957

168-225-042-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 28398

Registered No. .....

FULL NAME OF CHILD EDITH MARIE JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fr.		Yes	Feb 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Johnson	FULL MAIDEN NAME	Hazel Reed
RESIDENCE	6 W. 2 S Buhl	RESIDENCE	6 W - 2 S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Orleans Neb	BIRTHPLACE	New York St
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed Feb 28 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1967

DEC 10 1944

831-220-642-258

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 28399

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Martha Hlafka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 26 191

FATHER		MOTHER	
FULL NAME	Alex Hlafka	FULL MAIDEN NAME	Anna Snyder
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. McClintock

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

Filed Feb 28 19 15

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-127.042-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28400

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Leo C. Hull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb. 27 1915

FATHER		MOTHER	
FULL NAME	Geo. C. Hull	FULL MAIDEN NAME	Angel Blackman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36	COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 28 1915

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BIRTH

County of

RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 11 30 AM '75

State of Illinois
County of Kankakee } ss.

Certificate No. 28400

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unname Hull, LEO CARL (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1915 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Leo C. Hull

Subscribed and sworn to before me this 20th day of October, 1975

Bonnah L. Brenner

Notary Public, residing at 975 Cobb Blvd, Kankakee Il

My commission expires Sept 28, 1977

(Seal)

Signed James R. Peters

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

342 W. Jeffery St Kankakee Ill

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois
County of Kankakee } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1975

Bonnah L. Brenner

Notary Public, residing at 975 Cobb - Kankakee Il

My commission expires Sept 28, 1977

(Seal)

Signed Ronald R. Riehn

(Signature of Any Credible Person)

1532 Budd Kankakee Ill 60901

(Street Address, City, State)

FORM DH 60-155

Correction corresp. (H) 10-16-75 fc

Insurance Policy issued by the Equitable Life Assurance Society of U. S. gives name as Leo C. Hull born Feb. 27, 1915, in Buhl, Idaho. Policy # 11473 D Policy applied for October 1, 1951.
Viewed by V.S.

OCT 24 1975

Another insurance policy issued by the Prudential Ins. Co. gives name as Leo C. Hull born in Buhl, Idaho Feb. 27, 1915. Policy issued November 1954.

Statement regarding family record gives name as Leo C. Hull born Feb. 27, 1915 in Buhl, Idaho to George A. Hull and Haxel McKinnon. Family Record notorized Oct. 20, 1975. Original old.
Viewed by V.S.

243-126-042-785

1915-7

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 28401

No. ....., ... St.

Primary Registration District No. .....

Registered No. 29

Hospital Home

FULL NAME OF CHILD Bertrum Phil Buck

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Feb. 26, 1915

FATHER		MOTHER	
FULL NAME	Louis J. Buck	FULL MAIDEN NAME	Elsie Phelps
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Hardware clerk	OCCUPATION	Hw

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kimberly, Idaho

Filed Mar 2 1915 J. N. Davis Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

534.183.042-533

1915—6

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 28402

Primary Registration District No. ..... Registered No. 28

FULL NAME OF CHILD Elliott McDermid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 23 1915

FATHER		MOTHER	
FULL NAME	Alexander McDermid	FULL MAIDEN NAME	Harriet E Elliott
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Glascow, Scotland	BIRTHPLACE	Penn, Kans.
OCCUPATION	Postmaster	OCCUPATION	Hsw, & Asst P.M.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis MD

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 28 1915 J N Davis

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 9 [redacted]

MAY 1 7 1967

1/6/41 L. B.

416-216-002-618

1913-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 28403

Primary Registration District No. ..... Registered No. 27

FULL NAME OF CHILD Edith Dawson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 16 1913

FATHER

FULL NAME Clarence W Dawson

RESIDENCE Rock Creek, Idaho.

COLOR W

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Estee N. Mexico

OCCUPATION Farm hand

MOTHER

FULL MAIDEN NAME Minnie Fahrion

RESIDENCE Rock Creek, Idaho.

COLOR W

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Farmington N. Mex

OCCUPATION How

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Davis, M. D.

(Physician or midwife)

Address Kimberly Idaho

Filed Feb 20 19 13 J. M. Davis Registrar

S-Y CO. 20174

V45.1081042-791

1915-4

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 36 File No. 28404

Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD Fred Raymond Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Feb. 8 1915

FATHER		MOTHER	
FULL NAME	Milton Dunn	FULL MAIDEN NAME	Amy Pratt
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pentalossa Kans	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hus

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis, M. D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 14 1915 J. M. Davis Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23Y-15-[illegible]-13

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Blaine

City of Gannett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 28406

Primary Registration District No. 2022 Registered No. 12

FULL NAME OF CHILD [redacted] RULON BATES STANFIELD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	5	Yes	July 9 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Will. H. Stanfield	FULL MAIDEN NAME: Luella Bates
RESIDENCE: Stanfield ranch Gannett P.O.	RESIDENCE: Stanfield Ranch Gannett P.O.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 01 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Feb 11 19 15 Robert H. Wright Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 28406

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on ____ (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Rulon Bates Stanfield

Subscribed and sworn to before me this 11th
day of May, 19 42

R. V. McCoy
Notary Public, residing at Hailey, Idaho
My commission expires March 31, 1943
(SEAL)

Signed Luella Bates Stanfield
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Gannett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 136, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of May, 19 42

R. V. McCoy
Notary Public, residing at Hailey, Idaho
My commission expires March 31, 1943
(SEAL)

Signed Elva A. Young
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 29 1942 By ____ (REGISTRAR'S SIGNATURE)

MAY 18 1942

959.203.007-195

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2025

File No. 28407

Registered No. 13

FULL NAME OF CHILD dda Verl Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 3, 1915

FATHER		MOTHER	
FULL NAME	Ray Davis	FULL MAIDEN NAME	Maud Ellen Ainsworth
RESIDENCE	Carey dda	RESIDENCE	Carey dda.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mt Pleasant Sanpete Co. Utah.	BIRTHPLACE	Sublet, Cassia Co. Ida.
OCCUPATION	Forest Rangers	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:43 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Carey dda.

Given name added from a supplemental report

..... 19.....

Filed Feb 18 19 15 Robert H. Wright

..... Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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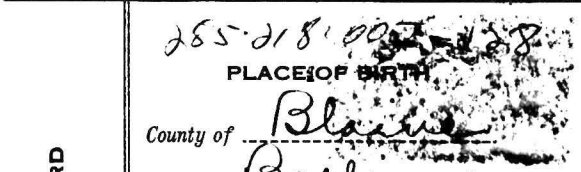

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 28408

Primary Registration District No. 2022 Registered No. 14

FULL NAME OF CHILD Not Named Mary Patricia SHEEHAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	2	Yes	July 18 1914

FATHER		MOTHER	
FULL NAME	Chas Sheehan	FULL MAIDEN NAME	Lorrah Ashton
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Wales
OCCUPATION	Merchant	OCCUPATION	Home mkr

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue, Idaho
(Physician or midwife)

Address Bellevue Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 18 19 15 Robert H. Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

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285-116-007-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2022

File No. 28410

Registered No. 16

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	13	Yes	Feby 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W. Sherbine	FULL MAIDEN NAME	Martha Spray
RESIDENCE	Sherbine ranch, Bellevue P.O.	RESIDENCE	Sherbine ranch, Bellevue P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.
Bellevue, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 2/17 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

352-223-007-352

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Blaine

City of Gannett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 28412

Primary Registration District No. 2022 Registered No. 18

FULL NAME OF CHILD ~~Not Named~~ Harriett Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	yes	Feby 23 1915

FATHER		MOTHER	
FULL NAME	Irvine F. Lester	FULL MAIDEN NAME	Evelin Lester
RESIDENCE	Rye grass flat, Gannett P.O.	RESIDENCE	Rye grass flat Gannett P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill	BIRTHPLACE	N. Da.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 2/24 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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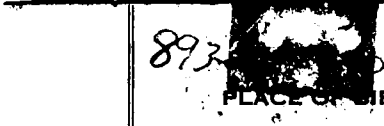


PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Viola

No. ....., ... St.

Hospital .....

Registration District No. 61 File No. 28413

Primary Registration District No. 2141 Registered No. 29

FULL NAME OF CHILD Enretta Ruth Hickman

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Feb (Month) 23 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Charles Wesley Hickman	FULL MAIDEN NAME	Jessie Pearl Germer
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	~~19~~ 19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Eunice Lake Minn
OCCUPATION	Teacher	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Orpha Garvin

Graduate Nurse (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Viola Ida R.R. Box 49

Filed Mch 3 1915 D F Roe Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 1967

689-227-029-319

PLACE OF BIRTH

County of Latah

City of Near Viola

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28414

Primary Registration District No. 2141 Registered No. 23

FULL NAME OF CHILD Velma Leona

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	2	Yes	Feb. (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph B. Whitney	FULL MAIDEN NAME	Gladys G. Carpenter
RESIDENCE	Montana	RESIDENCE	Montana
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Mch 1 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-227-029-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

~~City of~~ Viola

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28415

Primary Registration District No. 2141 Registered No. 24

FULL NAME OF CHILD Velva Leith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	1	Yes	Feb (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph B. Whitney	FULL MAIDEN NAME	Gladys G. Carpenter
RESIDENCE	Montana	RESIDENCE	Montana
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida.

Filed Mch 1 1915 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-2070029-249

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Joel, Idaho

No. ..... St.

Hospital .....

Registration District No. 21 File No. 28416

Primary Registration District No. 214 Registered No. 18

FULL NAME OF CHILD Velma Preber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Feby 7 (Month) (Day) 191✓ (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. C. Preber	Carrie N. Smith
RESIDENCE	Joel, Idaho	Joel, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	32 (Years)
BIRTHPLACE	Germany	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:55 9 M on the date above stated.

(Signature) Chas. L. Gutman

(Physician or midwife)

Address Moscow, Idaho

Filed Feb 20 19 15 D. F. Kar Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-215-0279-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28417

Primary Registration District No. 2141 Registered No. 19

FULL NAME OF CHILD Ellen Maxine Sumner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2nd	Yes	Feb 15 1915

FATHER		MOTHER	
FULL NAME	Alvah E. Sumner	FULL MAIDEN NAME	Margaret E. McDonald
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Logan Co Ills	BIRTHPLACE	Clark Co S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Leitch

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Moscow Idaho

Filed Feb 20 1915 D F Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 21 1972

MAY 18 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

94-22-029-415

PLACE OF BIRTH

County of Latah

City of Moscow

No. 318 Jefferson St.

Hospital Asphay

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28419

Primary Registration District No. 1011 Registered No. 30

FULL NAME OF CHILD Fern Alice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 12 1915

FATHER		MOTHER	
FULL NAME	Ben Erde	FULL MAIDEN NAME	Ida Daniels
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Joseph Asphay M.D.

(Physician or midwife)

Address Moscow Idaho

Filed March 3 1915 D F Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAR 1 9 1970

436-116-029-844

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** 28421

Primary Registration District No. 1011 **Registered No.** 22

FULL NAME OF CHILD John Denman McFadden

Sex of Child M	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 2 (Month) — 16 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	James McFadden	**FULL MAIDEN NAME**	Sarah A. Hudspeth
RESIDENCE	Moscow	**RESIDENCE**	Moscow
COLOR	W	**COLOR**	W
AGE AT LAST BIRTHDAY (Years)	48	**AGE AT LAST BIRTHDAY** (Years)	40
BIRTHPLACE	Iowa	**BIRTHPLACE**	Kansas
OCCUPATION	Teamster	**OCCUPATION**	H.W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), **at** 8 30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Moscow

Filed Mch 1 19 15 D. F. Rae *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1986

599.2281029-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

Registration District No. 61

Primary Registration District No. 1011

File No. 28422

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 28 1915

FATHER		MOTHER	
FULL NAME	Peter Erickson	FULL MAIDEN NAME	Alma Eakins
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	COLOR	White
OCCUPATION	Rod carrier	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Sweden
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Rae M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Feb 8 1915

S. F. Rae
Registrar

..... Registrar

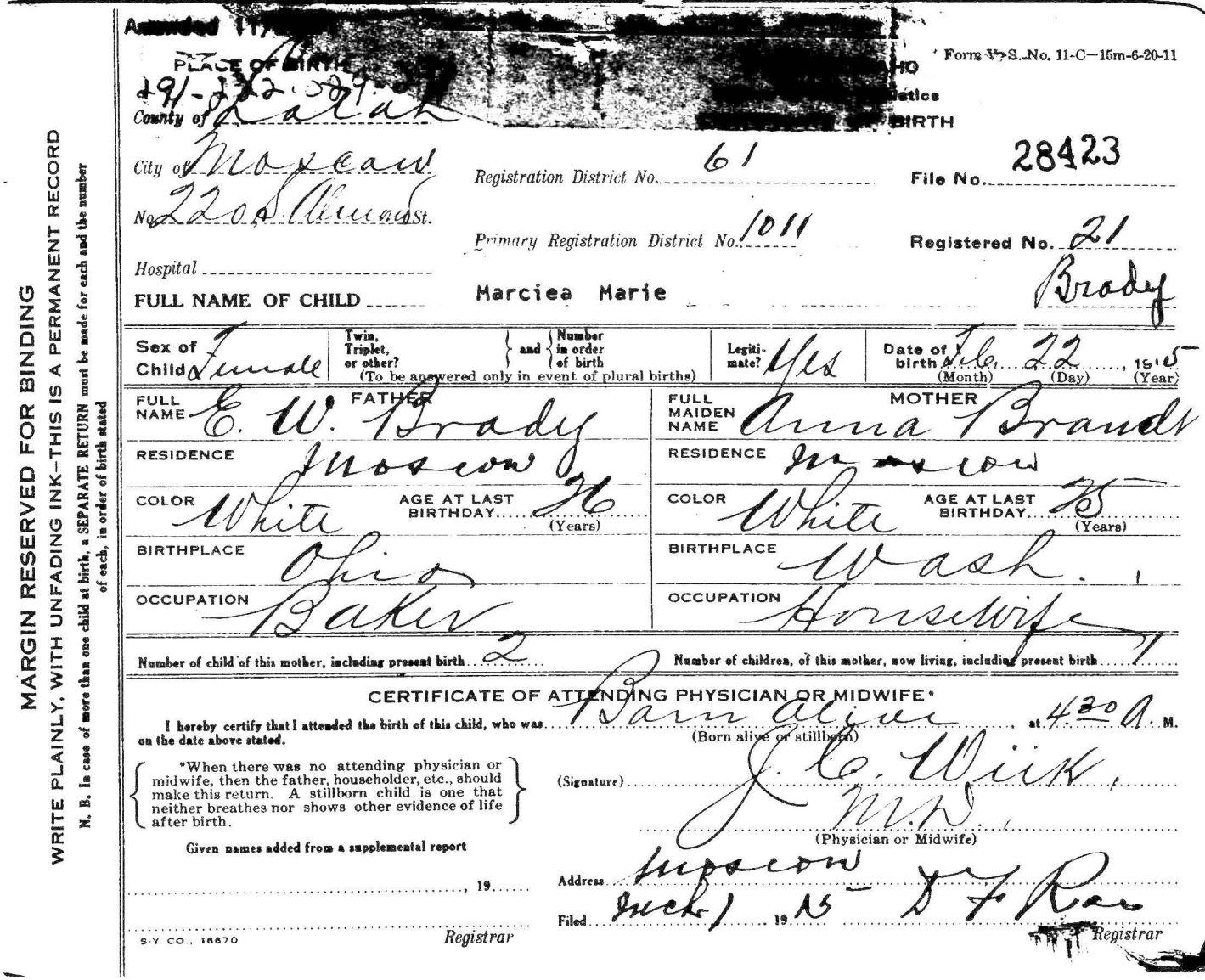
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-28426



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 11/[redacted]

PLACE OF BIRTH [redacted]

191-222-089-[redacted]

County of Latah

City of Moscow

No. 220 S. Almond St.

Hospital

FULL NAME OF CHILD Marciea Marie Brady

Form V. S. No. 11-C—15m-6-20-11

[redacted] HO

[redacted] istics

[redacted] BIRTH

Registration District No. 61

File No. 28423

Primary Registration District No. 1011

Registered No. 21

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Feb. 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. W. Brady	FULL MAIDEN NAME	Anna Brandt
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wash.
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wiik, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow

Filed Mch 1 1915 D F Rae

Registrar

Registrar

S-Y CO., 16670

Amended 11-22-71

DEC 5 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 26 1971 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 28423

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marcia Marie Brady (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1915 (Date of Event) in Moscow, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Marcia Marie Brady	Marciea Marie Brady

Subscribed and sworn to before me this 19th day of November, 1971

[signature]

Notary Public, residing at Spokane

My commission expires July 20, 1974

(Seal)

X Signed Anna E. Brady

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E 558 Wabash, Spokane Wn.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of November, 1971

[signature]

Notary Public, residing at Spokane

My commission expires July 20 1974

(Seal)

Signed Neil D. Martin

(Signature of Any Credible Person)

E 558 Wabash Spokane Wn

(Street Address, City, State)

FORM DH 60-155 CL 12/5/69 nm

Medical Service Corp. of Spokane card #353308291 gives name as Martin, Marciea M. Viewed by V. S.

NOV 26 1971

Washington Driver's license gives name as Marcia Martin. Date of birth Max2/22/15. Licenses Expires 2/22/55. Viewedmby V. S.

Family Bible Record gives child's name as Marciea Marie Brady, born Feb 22, 1915 at Moscow, Idaho. Viewed by V. S.

263-208-029-763

PLACE OF BIRTH

Form V.S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 315 N. Wash. St.

Hospital

Registration District No. 61

File No. 28424

Primary Registration District No. 1011

Registered No. 17

FULL NAME OF CHILD Gretchen Claudine Bolding

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feby 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas. Bolding	FULL MAIDEN NAME	Eva Potter
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gretchen C.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Feb 20 1915

D F Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847-121-029-593

PLACE OF BIRTH Amended Feb. 7, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. So. Main St.
Hospital Gritman

Registration District No. 61 File No. 28425
Primary Registration District No. 1011 Registered No. 20

FULL NAME OF CHILD CHARLES JOHN HUGO, JR.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 21, 1915

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. J. Hugo	FULL MAIDEN NAME	Jessie Nichols
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Emporia, Kansas
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Chas. L. Gritman
(Physician or midwife)

Address Moscow, Idaho

Filed Feb. 26 1915 D. F. Rae
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Santa Clara } ss.

Certificate No. 28125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles James Hugo (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1915 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles James Hugo	Charles John Hugo, Jr.

Subscribed and sworn to before me this 1st day of February, 1951

Notary Public, residing at Sunnyvale, Calif.
My commission expires Oct. 2nd 1954
(Seal)

X Signed Charles J. Hugo Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

532 Taaffe St Sunnyvale Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1951

Notary Public residing at Sunnyvale Calif.
My commission expires Oct. 2, 1953
(Seal)

X Signed Jessie M. Hugo
(Signature of Any Credible Person)

532 So. Taaffe St. Sunnyvale, Calif.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. So Main St.

Hospital Gritman

Registration District No. 61

File No. 2[illegible]

Primary Registration District No. 1011

Registered No. 20

FULL NAME OF CHILD Charles James Hugo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. J. Hugo	FULL MAIDEN NAME	Jessie Nichols
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Emporia, Kansas
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:12 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas. L. Gritman
C.

(Physician or midwife)

Address Moscow, Idaho

Filed Feb 26 1915

D F Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

FEB 8 1951

FEB 11 1975

JAN 25 1951

DECEASED

154-120-029-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 28427

No. ..... St.

Primary Registration District No. 1011

Registered No. 26

Hospital .....

FULL NAME OF CHILD Richard Byron Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb. (Month) 20" (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Patrice Anderson	FULL MAIDEN NAME	Pearl Smith.
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montana.	BIRTHPLACE	Texas.
OCCUPATION	Real Estate and Insurance.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Idaho

Filed Mch 3 1915

D. F. Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1953

699-201-029-856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

Amended 3/24/75

City of Moscow

Registration District No. 61

File No. 28429

No. 312 S. Washington St.

Primary Registration District No. 1011

Registered No. 31

Hospital

FULL NAME OF CHILD Kathryn Orr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	3 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor A. Orr	Velora Dew
RESIDENCE	312 S. Washington St	312 S. Washington St
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Wayne Co Ills	St Clair Co Illinois
OCCUPATION	R. R. Ticket agent	Housework

Number of child of this mother, including present birth 2 living

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Filed Mch 6 1915 D F Rae

.....Registrar

S-Y CO. 20174

Registrar

MAR 3 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 1 46 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 28429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Catherine Orr (Name on Original Certificate) who was born (Was Born or Died) on Mar. 1, 1915 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Catherine Orr	Kathryn Orr

Subscribed and sworn to before me this 2nd day of January, 19 75

Notary Public, residing at Moscow

My commission expires 4/7/75

(Seal)

Signed Victor H Orr Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

210 E 6th St Moscow Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 19 75

Notary Public, residing at Moscow

My commission expires 4/7/75

(Seal)

Signed Lloyd Randall
(Signature of Any Credible Person)

511 N Grand St Moscow Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1/9/74 rm

Marriage License and Certif. from Idaho gives names as Lester H. Rogers and Kathryn Orr. dated April 5, 1933. viewed by V. S.

MAR 2 5 1975

Central Life Assurance Co. goves name as Kathryn Orr Rogers dated Aug. 28, 1961 Policy No. 947864. viewed by V. S.

245-207: 029-921

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28436

County of Latah

City of Bovill

No. _____ St.

Hospital Bovill

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. _____

FULL NAME OF CHILD ~~Elizabeth~~ PAULINE ~~Pauline~~ ELIZABETH ~~Keen~~ KUEHN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul ~~Keen~~ KUEHN	FULL MAIDEN NAME	Elizabeth Isaacson
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Sweden
OCCUPATION	Time Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bovill Idaho

Filed 2-15 1915 H. L. McKeeley Registrar

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 28430

Date Filed APR 27 1943

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on ____ (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elizabeth	Pauline Elizabeth
Surname	Keen	Kuehn

Subscribed and sworn to before me this 8 day of December 19 42

Notary Public, residing at 1332 Pine St
NOTARY PUBLIC in and for the City and County of San Francisco, State of California
My commission expires My Commission Expires December 21, 1943
(SEAL)

Signed Paul F. Kuehn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1565 Chestnut St. San Francisco Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of December, 19 42

Notary Public, residing at NOTARY PUBLIC in and for the City and County of San Francisco, State of California
My commission expires My Commission Expires December 21, 1943
(SEAL)

Signed Elizabeth B. Kuehn
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1565 Chestnut St
(STREET ADDRESS, CITY, STATE)
San Francisco Calif

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

DEC 15 1942

493 [redacted] 05-695

PLA[redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28431

County of Bennah

City of Ferrell

No. — St.

Hospital —

Registration District No. 32

File No.

Primary Registration District No. 2049

Registered No.

FULL NAME OF CHILD ~~Bobby~~ Dittman, Jack Frederick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	2 (Month) / 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Dittman	FULL MAIDEN NAME	Mamie Fietzer
RESIDENCE	Ferrell Idaho	RESIDENCE	Ferrell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

St Jor Idaho (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 2-19 1915 H. L. Mulcahy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2842-1
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Ferrell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Ferrell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Ida

4. FULL NAME OF CHILD Jack Frederick Dittman

5. Date of Birth of Child (Month, day, year) Feb. 7, 1915

6. Sex male **7.** Twin or Triplet single **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy full **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry John Dittman
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Chicago, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Fietzer
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Hamburg, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Housewife

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. Leet (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Mamie Dittman Signature
Route 2, St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42

(SEAL) NOTARY PUBLIC for the State of Idaho
My commission expires January 9, 1945 Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ..... Registrar.

MAR 1 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-213-005-656

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28432

County of Benewah

City of St Maries

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2049

Registered No.

Hospital

FULL NAME OF CHILD Jenny Devine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		3	Yes	2 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe A Devine	FULL MAIDEN NAME	Bessie Weatherly
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Penn	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:15 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed 2-25 1915 H L Imkeley

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-224-005-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. 28433

Registered No. .....

FULL NAME OF CHILD Boby Roberts

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	4	yes	1 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M R Roberts	FULL MAIDEN NAME	Mandy Olson
RESIDENCE	Clarkia Ida	RESIDENCE	Clarkia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Roberts

Father

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-27 1915 H L Mulcahy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-205-028-259

Amended 1-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28434
Local Reg. No.
Reg. Dist. No. 32

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Santa
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Santa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Thelma
b. (Middle):
c. (Last): Stow

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 1 - 5 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): A.
c. (Last): Stow

8. AGE (At time of this birth): 51 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Canada

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mayme
b. (Middle):
c. (Last): Bernard

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Canada

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Owen D. Platt

19. ADDRESS: St. Maries, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-20-1915

22. REGISTRAR'S SIGNATURE: H. L. Mulcahy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

236-205-028-[redacted]

PLACE OF B[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Santa

No. ..... St.

Hospital .....

Registration District No. 37

File No. 28434

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Mayme Stowe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	6	yes	1 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles A Stowe	FULL MAIDEN NAME	Mayme Bernard
RESIDENCE	Santa Ida	RESIDENCE	Santa Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10:30 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

S .....

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed 2-20 1915 H L Mulcahy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1966

Please complete the affidavit at the given places.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28434

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mayme Stowe (Name on Original Certificate) who born (Was Born or Died) on 1-5-15 (Date of Event)
in Santa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Mayme Stowe	xThelma Grace Stow
Father's Name	Charles A. Stowe	x Charles A. Stow
Mother's Name	Mayme Bernard	x Mary J. Burnard

Subscribed and sworn to before me this 19th day of February 19 58
Signed Howard A Stow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C.W. Stowe
Notary Public, residing at Fall City Wash.
My commission expires January 13 1962
(Seal)

Howard A. Stow Fall City Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 19 58
Signed Ruth E Bracken
(Signature of Any Credible Person)

C.W. Stowe
Notary Public, residing at Fall City Washington
My commission expires January 13 1962
(Seal)

1929 42nd Ave. S.W. Seattle 16 Washington
(Street Address, City, State)

FORM DPH 55. 155

L 8-7-57 nm

Certificate of Marriage, State of Washington, County of Pierce, No. 51226 gives full name of groom As Aubrey Hart and full name of bride as Thelma Stow - viewed by V.S. married Dec. 31, 1931 -

School Diploma of Honor, King County Schools, District No. 185, Neither Absent nor Tardy, dated May 28, 1926 gives full name of student as Thelma Stow - viewed by V.S.

just added child's name as Thelma Stow, correcting spelling of father's last name - mother's name to be left as it is - letter requesting this 12-8-1965 -

859-108 028-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Amaries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 28436

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Melvin R. Laffette Herriman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	3	yes	1 (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R Herriman	FULL MAIDEN NAME	Phosa Johnson
RESIDENCE	Amaries	RESIDENCE	Amaries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebr	BIRTHPLACE	Mich
OCCUPATION	Mill man	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Amaries

Filed 2-20 1915 H L Mulcahy

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/28/40 L. B.

731-113-028-544

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28437

County of Kootenai

City of St Maries

No. _____ St.

Hospital _____

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. _____

FULL NAME OF CHILD D. Platt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	yes	1 13 1915

FATHER		MOTHER	
FULL NAME	D. Benjamin Platt	FULL MAIDEN NAME	Elsie Emmett
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12:10 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address St Maries

Filed 2-20 1915 H. L. Mulcahy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U37-110-028-731

PLACE OF BIRTH

County of Kootenai

City of Amaries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28438

Registration District No. 38 File No. .....

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD DONALD ARTHUR McGillivary

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	4	yes	1 (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm McGillivary	FULL MAIDEN NAME	Mary Gladen
RESIDENCE	Amaries Ida	RESIDENCE	Amaries Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Amaries

Filed 2-20 1915 H. L. Mackaby Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

FEB 11 1942

Certificate No. 28458

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for McGillivary (Name on Original Certificate) who was Born (Was Born or Died) on January 10, 1915 (Date of Event)
in St Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan 29, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - McGillivary	Donald Arthur McGillivary

Subscribed and sworn to before me this 9th day of February, 1942

Thomas Corkery
Notary Public, residing at Spokane Wash.
My commission expires Aug 24-1945
(Seal)

Signed Mary McGillivary Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1676 Riverside Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 1942

Thomas Corkery
Notary Public, residing at Spokane Wash
My commission expires Aug 24 1945
(Seal)

Signed Wm K McGillivary
(Signature of Any Credible Person Other Than Previous Year)

father
1617 Riverside ave
(Street Address, City, State)
Spokane Wash

FEB 18 1942

437-215-005-36

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32

File No. 28439

No. _____ St.

Primary Registration District No. 2049

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mabel Ruth McPhail

Sex of Child F	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 2 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh McPhail	FULL MAIDEN NAME	Mabel L. Cochrane
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	COLOR	w AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 30 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Plant

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 2-20 1915 H. S. Mulcahy
Registrar

Registrar

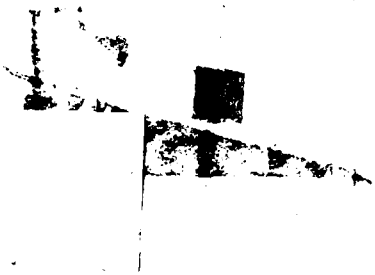
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-12-41



563-202-028-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28444

County of Kootenai

City of St Maries

No. ..... *St.*

Hospital St Maries

Registration District No. 32 **File No.** .....

Primary Registration District No. 2049 **Registered No.** .....

FULL NAME OF CHILD Lila Claire Noland

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Feb (Month) 2 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Earl Bannister Noland	**FULL MAIDEN NAME**	Susan E. Johnson
RESIDENCE	St Maries	**RESIDENCE**	St Maries
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	25 (Years)	**AGE AT LAST BIRTHDAY**	23 (Years)
BIRTHPLACE	Wisconsin	**BIRTHPLACE**	Washington
OCCUPATION	Merchant	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barn alive **at** 10 a. **M on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed 2-25 19 5 H. L. Mulcahy

Registrar *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1963

94X-209.005-392

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

28445

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32 File No. .....

Primary Registration District No. 3049 Registered No. .....

FULL NAME OF CHILD G. Rumerfield

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	Two	yes	2 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Rumerfield	FULL MAIDEN NAME	Gertrude Tibbetts
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wis
OCCUPATION	Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-26 1915 H. L. Mulcahy

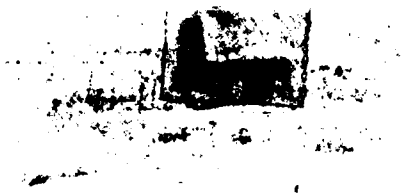
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 25 1972

652.211.028.295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 32

File No. 28446

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Margaret Francis Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Feb (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Webb	FULL MAIDEN NAME	Anna Sinec
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	R. R. Brakeman	OCCUPATION	Hwife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed 2-25 1915 H. L. Mulcahy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

769-203-010-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 28447

Primary Registration District No. 2100 Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Feb. 3 1915

FATHER		MOTHER	
FULL NAME	James Gorgensen	FULL MAIDEN NAME	Annie Bloxham
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1-00 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon Ida

Filed Feb 9 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-104010-547

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28448

County of Bonny Ville

City of Ammon

No. ..... St.

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 26

Hospital .....

FULL NAME OF CHILD ~~Charles Albert~~ Elwood B Tracy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Feb. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Tracy.	FULL MAIDEN NAME	Elsie E. Empey.
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lehi Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon Ida.

Filed Feb 9 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

JUN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 28448

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Charles Albert Tracy (Name on original certificate) who was born (Was born or died) on Feb. 4, 1915 (Date of event)
in Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Baptism (Bible record, insurance policy, etc.) prepared on March 9, 1924. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Charles Albert Tracy	Elwood B. Tracy

Subscribed and sworn to before me this 9 day of June, 1941

Notary Public, residing at Idaho Falls, Ida.

My commission expires 7/15/1942

[SEAL]

Signed Elsie Emmey Tracy
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

135 East 18th St. Idaho Falls
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June, 1941

Notary Public, residing at Idaho Falls, Ida.

My commission expires 7/15/1942

[SEAL]

Signed Mabel Empey
(Signature of any credible person other than the previous affiant)

394 10th St Idaho Falls Ida.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

NOV 15 1963

437-209-010-434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28449

County of Bonneville

City of Milo

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** .....

Primary Registration District No. 2150 **Registered No.** 27

FULL NAME OF CHILD .....

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Feb. 9, 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Wm. McGarn	**FULL MAIDEN NAME**	Verna McMillan
RESIDENCE	Milo	**RESIDENCE**	Milo
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	21	**AGE AT LAST BIRTHDAY** (Years)	22
BIRTHPLACE	Utah	**BIRTHPLACE**	Utah
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 12:50 a.m. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Ida.

Filed Feb 10 1915 C. O. [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-208-010-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. [illegible] H. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 28452

Primary Registration District No. 2150 Registered No. 50

FULL NAME OF CHILD MARTHA ELLEN Ellsworth

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other	—	yes	Feb. (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth Millington Ellsworth	FULL MAIDEN NAME	Clara Alice Haywood
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	West Weber, Utah	BIRTHPLACE	Rigby, Idaho
OCCUPATION	Farming & Stock Raising	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed Feb 10 1915 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

Address .....

Hospital .....

FULL NAME OF CHILD

Sex of Child

Twin Triplet or Other

Name

Residence

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

OCT 10 1941

Certificate No. 28452
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Martha Ellen Ellsworth (Name on original certificate) who born (Was born or died) on Feb 8, 1915 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record LDS church (Bible record, insurance policy, etc.) prepared on Feb. 22, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Ellsworth	Martha Ellen Ellsworth

Subscribed and sworn to before me this 7th day of October, 1941

Lilla M. Bandel

Notary Public, residing at Rigby, Idaho

My commission expires July 5, 1944

[SEAL]

Signed Clara Ellsworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewisville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1941

Lilla M. Bandel

Notary Public, residing at Rigby, Idaho

My commission expires July 5, 1944

[SEAL]

Signed Donna McCandless
(Signature of any credible person other than the previous affiant.)

Menan, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 14 1941

JAN 19 1955

289-212-010-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. — I St.

Hospital

Registration District No. 73 File No. 28453

Primary Registration District No. 2150 Registered No. 31

FULL NAME OF CHILD ANNIE ADELE Shirley

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other	—	Yes	Feb 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Shirley	FULL MAIDEN NAME	Elizabeth Blair Crabtree
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26 yrs	AGE AT LAST BIRTHDAY (Years)	26 yrs
BIRTHPLACE	Hanley, England,	BIRTHPLACE	Providence, Utah
OCCUPATION	Gent's Furnishing Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:53 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 15 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin Triplet or other

FULL NAME

FATHER

RESIDENCE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No

Registered No

DROP PERMANENT RECORD

THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin Triplet or other

FULL NAME

FATHER

RESIDENCE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. 28453
Date Filed Feb. 15, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" Shirley (Name on Original Certificate) who was born (Was Born or Died) on February 12, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by HIGH SCHOOL DIPLOMA BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on MAY 18, 1933 FEB. 12-1915 (Give Date), are: Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	"Unnamed" Shirley	Annie Adele Shirley

Subscribed and sworn to before me this 10th day of January, 1955

Notary Public, residing at Twin Falls Idaho.
My commission expires May 28-1957
(Seal)

Signed Charles Shirley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1955

Notary Public, residing at Twin Falls Idaho
My commission expires May 28-1957
(Seal)

Signed Elizabeth B. Shirley (mother)
(Signature of Any Credible Person)

206 Buchanan St.
(Street Address, City, State)
Twin Falls - Ida.

DPH 52.155 1 copy 1 fed

JAN 19 1955

693-107-010-662

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28454

County of Bonneville

City of Idaho Falls

No. 9th St.

Registration District No. 73 File No.

Primary Registration District No. 21 0-0 Registered No. 32

Hospital

FULL NAME OF CHILD Frank Willard Fitch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martyn Paul Fitch	FULL MAIDEN NAME	Valentine Foster
RESIDENCE	Lakeview, Montana	RESIDENCE	Lakeview Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Humboldt, Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Kennard

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Filed Feb 10 1915 C. W. Kennard
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-115-010-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 28455

No. ..... St.

Primary Registration District No. 2140 Registered No. 33

Hospital .....

FULL NAME OF CHILD James Paul Wengert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer P Wengert	FULL MAIDEN NAME	Shirley A. Long
RESIDENCE	Roberts Ida	RESIDENCE	Roberts Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Tomahawk 2:30 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Freeman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Sept 16 1915 W. Freeman Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1949

235-112-010-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District .....

Primary Registration District No. 2 1 0 0

File No. 28456

Registered No. 24

FULL NAME OF CHILD FRED B. STEELE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 12, 1915

FATHER		MOTHER	
FULL NAME	William T. Steele Jr.	FULL MAIDEN NAME	Violet Brunt
RESIDENCE	Iona, Ida.	RESIDENCE	Iona, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 17 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 28456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for (Name on original certificate) who [illegible] (Was born or died) Oct. 12, 1915 (Date of event)

in Iona Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Steele	Fred R. Steele
Fred B. Steele		

Subscribed and sworn to before me this 30th day of December, 1941

CLERK OF THE DISTRICT COURT
Notary Public, residing at Idaho Falls, Ida

My commission expires
[SEAL]

Signed H G Steele
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Dec., 1941

CLERK OF THE DISTRICT COURT
Notary Public, residing at Idaho Falls, Idaho

My commission expires
[SEAL]

Signed Violet Steele
(Signature of any credible person other than the previous affiant.)

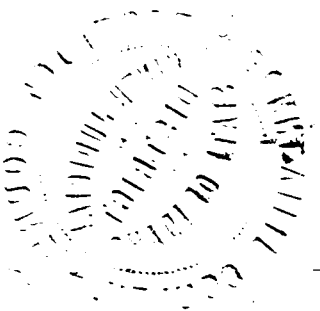
(Street Address, City, State)

Received for filing on JAN 2 1942 By

(Registrar's signature)

JAN 5 1942

JAN 0 1948



433-101-010-753

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. St.

Hospital

Registration District No. ~~98~~ 73

Primary Registration District No. ~~2176~~ 2150

File No. 28457

Registered No. ~~20~~ 35

FULL NAME OF CHILD Ray McCling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Jan 1 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J.W. McCling	FULL MAIDEN NAME	Minnie Peterson
RESIDENCE	Rigby, Ida	RESIDENCE	Rigby Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby, Ida

Filed 2/19 1915 [signature] Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 D 74-045

213-212-010-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28458

County of Bonneville

City of Ida Falls Ida

No. _____ St.

Hospital _____

Registration District No. 73

File No. _____

Primary Registration District No. 2140

Registered No. 36

FULL NAME OF CHILD Haku Sato

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2/12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seikichi Sato	FULL MAIDEN NAME	Hiro Sato
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, 2/12/15 at 4 a.m. on the date above stated. (Born alive or stillborn)

1 Photostat copy 12/30/41

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Seikichi Sato (Physician or midwife)

Address Idaho Falls Ida

Filed Feb 19 1915 W. Pommerel Registrar

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

396-115-810-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 28460

No. ____ St.

Primary Registration District No. 210-0 Registered No. 30

Hospital ____

FULL NAME OF CHILD Edward Valentine Crow

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M. Crow	Cora M. Harris
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	39
BIRTHPLACE	Missouri	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Feb 19 1915

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-230-010791

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28461

Registration District No. 73 File No. _____

Primary Registration District No. 2170 Registered No. 39

FULL NAME OF CHILD Laura Lee Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	yes	Jan 30 1915

FATHER		MOTHER	
FULL NAME	Parker Graham	FULL MAIDEN NAME	Maud Graham
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. S. Fuller

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 23 1915 _____ Registrar

S-Y CO. 24655

MAR 31 1958

JUN 4 1976

954-231-010-165

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28462

Registration District No. 73 File No. _____

Primary Registration District No. 2170 Registered No. 40

FULL NAME OF CHILD Vera Redfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	yes	Jan 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Redfield	Elsie Jones
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Barber	H. Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. S. D. Fuller M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2/23 1915 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-109-010-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28463

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 41

Hospital

FULL NAME OF CHILD Delbert Wm. Malmgren

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1st (To be answered only in event of plural births)	Yes	Feb 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto W. Malmgren	FULL MAIDEN NAME	Gertrude Peterson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mich
OCCUPATION	Farming	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. S. Fuller
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Filed Feb 23 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z LAST NAME

249-103-010-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28465

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2100

Registered No. 43

Hospital

FULL NAME OF CHILD Leon Burt

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	4 (To be answered only in event of plural births)	yes	Feb (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry S. Burt	FULL MAIDEN NAME	Jessie Thorpe
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. S. Fuller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Feb 23 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

414-108-010-846

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28468

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. _____

Primary Registration District No. 210-0 Registered No. 46

FULL NAME OF CHILD Ross F. Madson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	Feb 8 1915

FATHER		MOTHER	
FULL NAME	Layman Madson	FULL MAIDEN NAME	Mina Huffake
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. S. Fuller

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls

Filed Feb 24 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-219-010-345

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28469

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210-0 Registered No. 47

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Albert Walker	FULL MAIDEN NAME	Amy Lundberg
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Livingstone Mont	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.

M. D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed Feb 24 1915 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-205-010-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28470

County of Bonneville

City of Idaho Falls

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** .....

Primary Registration District No. 2105 **Registered No.** 45

FULL NAME OF CHILD .....

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** 2nd (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** June (Month) 5 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	S. G. Macbeth	**FULL MAIDEN NAME**	Katherine Woodcock
RESIDENCE	Idaho Falls	**RESIDENCE**	Idaho Falls
COLOR	W	**COLOR**	W
AGE AT LAST BIRTHDAY	28 (Years)	**AGE AT LAST BIRTHDAY**	28 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Utah
OCCUPATION	Salesman	**OCCUPATION**	housewife

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 2 P M **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

(Signature) S. S. Fuller

P. Lyman (Physician or midwife)

Address Idaho Falls Ida

Filed Feb 24 1915 Wm Cummins *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5-22-59

PLACE OF BIRTH

335-12-010-468

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 28472

Primary Registration District No. 2150 Registered No. 50

FULL NAME OF CHILD Norris J Cleaveland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 12, [redacted]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Tedy J Cleaveland	FULL MAIDEN NAME: Ethel Doyle
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Pottawattamie Co., Iowa	BIRTHPLACE: Oakland, Iowa
OCCUPATION: Laborer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) H.D. Spencer

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Feb. 21, [redacted] W. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Baptism, February 1927 signed by Ernest H. Chamberlain, gives name as Norris J Cleaveland - viewed by V.S. and Application to the New York Live Insurance Co., Sept. 13, 1932 gives name as Teddy J Cleaveland and Norris J Cleaveland - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON
County of KING } ss.

Certificate No. 28472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cleveland (Name on Original Certificate) who born (Was Born or Died) on Feb. 12, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norris J Cleaveland
~~Full Name of Father~~	~~T. J. Cleveland~~	~~Teddy J Cleveland~~

Subscribed and sworn to before me this 23RD day of MARCH, 1959

Notary Public, residing at SEATTLE, WASHINGTON,
My commission expires NOV. 18, 1960
(Seal)

Signed x Mrs. F. H. Cleaveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 5424-35th Ave. S.W., Seattle 6 Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of KING } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of MARCH, 1959

Notary Public, residing at SEATTLE, WASHINGTON
My commission expires NOV. 18, 1960
(Seal)

Signed x Mrs. M. Ritter
(Signature of Any Credible Person)

x 5048-36th S.W. Seattle Wash.
(Street Address, City, State)

FORM DPH 55.155 CL 3-19-59. nm

Another Child's Birth Cert. on file, #347403, gives name as Tedy J. Cleaveland - viewed by V.S. and Warranty Deed, Vol. 2809 Page 215, December 2, 1948 gives Father's Name as Tedy Cleaveland - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 21 1959
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON
County of KING } ss.

Certificate No. 28472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cleveland (Name on Original Certificate) who born (Was Born or Died) on Feb. 12, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	T. J. Cleveland	Tedy J Cleaveland

Subscribed and sworn to before me this 18TH day of MAY, 1959.

Notary Public, residing at SEATTLE WASH.
My commission expires NOV. 18, 1960
(Seal)

Signed Leo F. Cleaveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5426 - 35th Ave SW
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of KING } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18TH day of MAY, 1959.

Notary Public, residing at SEATTLE WASH.
My commission expires NOV. 18, 1960
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

5611 - 36th SW Seattle 6 Wash
(Street Address, City, State)

FORM DPH 55.155

L 5-14-59. one copy pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28472

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 50

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	T. J. Cleveland	FULL MAIDEN NAME	Ethel Doyle
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pottawattamie Co Iowa	BIRTHPLACE	Oakland Iowa
OCCUPATION	Laborer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Feb 27 1915 W. Cummins Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 25 1959

464-226-010-282

PLACE OF BIRTH

Name added 2-25-80

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 28473

Primary Registration District No. 2100 Registered No. 51

FULL NAME OF CHILD Lois Martha Dougal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 26 1915

FATHER		MOTHER	
FULL NAME	Albert Chas Dougal	FULL MAIDEN NAME	Rachel Byber
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Harness Maker	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Feb 27 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/17/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Stanislaus } ss.

Certificate No. 28473
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Dougal (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2/26/15 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name Lois Martha Dougal	Unnamed Dougal	Lois Martha Dougal
~~Mrs. D. A. Harrell~~	Born Feb. 26-1915	Lois Martha Dougal
By Evelyn D. Harrell		

X Subscribed and sworn to before me this 20th day of February, 1980

Notary Public, Harold J. Cummings
Residing at 1700 M. Henry Modesto Ca.
My commission expires Jan 27, 1983
(Seal)

X Lois Martha Freitas
X Lois Martha Freitas
Signature of Applicant
X 1929 Evergreen Modesto Calif
Street Address, City, State

OFFICIAL SEAL
Harold J. Cummings
NOTARY PUBLIC — CALIFORNIA
Principal Office in Stanislaus County
My Commission Expires January 27, 1983

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1980

Notary Public, Paul A. Morris
Residing at Boise Idaho
My commission expires Notary Public Residing at Boise, Idaho
My Commission expires July 12, 1980.
(Seal)

X Allen B. Hessing
Supporting Signature
1403 W. Boise Ave
Street Address, City, State
Boise, Idaho

Baptismal Record gives name as Lois Dougal born Feb. 26, 1915, to Albert Charles Dougal and Rachel Bybee. Baptized 1923. Viewed by v.S.

Bible Record gives name as Lois Martha Dougal born Feb. 26, 1915 to Rahcel Bybee and Albert Dougal. Bible Record obviously old. Viewed by V.S.

413.128.010-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28474

County of Bonneville

City of ____

No. ____ St.

Hospital ____

Registration District No. 73 File No. ____

Primary Registration District No. 2170 Registered No. 52

FULL NAME OF CHILD ____ Charles Warren Mallory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 28 1915

FATHER		MOTHER	
FULL NAME	Lorenzo Mallory	FULL MAIDEN NAME	Mary P. Hanick
RESIDENCE	Bonneville Co Idaho	RESIDENCE	Bonneville Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mt Pelier Idaho	BIRTHPLACE	Mt Pelier Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born alive ~~or stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Address Idaho Falls Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Feb 27 19 15 ____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kenn

Certificate No. 28474
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Charles Warren Mallory (Name on original certificate) who was born (Was born or died) on Jan 28, 1915 (Date of event)
in Idaho Falls, Ida (Place of event) are erroneous or were omitted, and that, to the best of his knowledge, the
true facts as shown by Birth Cert # 28474 (Bible record, insurance policy, etc.) prepared on Dec 3 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Not named	Unnamed	Chas. Warren Mallory

Subscribed and sworn to before me this 3rd
day of Dec, 1941

Notary Public, residing at Emmett Ida
My commission expires Jan 5, 1943
[SEAL]

Signed Maurice Mallory
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.

County of Idaho

Certificate No. 20474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

(Birth or death)

for [illegible] (Name of Original certificate) who was born on [illegible] (Was born or died) (Date of event)

in [illegible] are erroneous or were omitted and that to the best of his knowledge, the

true facts as shown by [illegible] (Title record, insurance policy, etc.) prepared on [illegible] (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "place of death", etc.)	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this

day of

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other [illegible])

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed.
(See Chapter 138, 1937 Idaho Sessions Laws.)]

County

[illegible] solemnly swear that he has knowledge of the corrected facts as set forth above and that they are [illegible] to the [illegible] knowledge.

Subscribed and sworn to before me this

day of

Signed

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires

(SEAL)

(Street Address, City, State)

Received for Filing on

(Registrar's signature)

DEC 5 1941

294-214-010-912

28475

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20475

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 53

Hospital

FULL NAME OF CHILD Zona Martha Brunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb - 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Brunt	FULL MAIDEN NAME	Clara Lasicot
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Feb-14-15 at 7:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Idaho Falls Idaho

Filed Mar 1 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 2847

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Jana Martha Brunt

Subscribed and sworn to before me this 11th day of February, 1943

Notary Public, residing at Boise, Idaho

My commission expires 1/14/47

(SEAL)

Signed X Mrs Geo. Brunt

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1005 Canal ave Idaho Falls Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 11 1943

APR 15 1971

299-109-010-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28476

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21 V-0 Registered No. V-4

Hospital General

FULL NAME OF CHILD Burdice James Briggs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feb - 9 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Forrest G. Briggs	FULL MAIDEN NAME	Bird Cotton
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - Feb - 9 - 15 at 3 00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls Idaho

Filed Mar 1 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1975

493-201-010-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 28477

No. St.

Primary Registration District No. 2150 Registered No. 55

Hospital

FULL NAME OF CHILD Evelyn Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Miller	FULL MAIDEN NAME	Anna Pratt
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Feb 1 - 1915 at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Idaho Falls Idaho

Filed Mar 1 1915 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Aug. 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of _____)

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 31 1966
Bureau of Vital Statistics

State of ..... } ss
County of ..... }

Certificate No. 28477

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Miller (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 1, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evelyn Clare Miller

Subscribed and sworn to before me this 21 day of October, 19 66.

R. J. Hampton

Notary Public, residing at Seattle

My commission expires 8-14-70

(Seal)

Signed X Evelyn Clare Miller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1966.

R. J. Hampton

Notary Public, residing at Seattle

My commission expires 8-14-70

(Seal)

Signed X Alton Miller

(Signature of Any Credible Person)

5548 So. Oakhurst Pl.

(Street Address, City, State)

Seattle, Wash.

FORM DH 60-155 CL 10-13-66. one copy pd. rec. #1197.

(Rush - Passport)

Photo Copy of Permanent Record of Standing, Lincoln High School, Tacoma, Washington, entered September, 1930, graduated June 8, 1933 - gives full name of student as Evelyn Miller - viewed by V.S.

NOV 7 1966

Statement from Westminster Presbyterian Church, Tacoma, Washington, written by Mrs. John T. Cauvel, Clerk of Session, states that #119--Evelyn Miller was received into membership on April 20, 1930, married Donald Keys and membership was terminated in Dec. 26, 1956 by action of the Session at thattime. - viewed by V.S. Statement written Oct. 20, 1966 -

received letter dated Nov. 1, and received by this office on November 4, 1966 requesting full maiden name be added as Evelyn Miller -

666-213-010-466

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 210-0

File No. 28478

Registered No. [illegible]

FULL NAME OF CHILD HARRIET FRANCES FOWLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Fowler	FULL MAIDEN NAME	Ellen Moore
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — Feb-13-15 1:00 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar 1 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 28478
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed (Name on original certificate) who (Was born or died) on Feb 13 1910 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fowler	Harriet Frances Fowler

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of November 1941
Robert Collett IDAHO FALLS, IDAHO
Notary Public, residing at
My commission expires 1-1-44
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

IDAHO FALLS, IDAHO
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 17 1941

FEB 24 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-228-070-863

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 73

File No. 28479

Primary Registration District No. 2150

Registered No. 57

FULL NAME OF CHILD Ester Norell

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb. 28, 1915 (Month) (Day) (Year)

FATHER

FULL NAME C. W. Norell

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hulda Holm

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Mar 3 1915 [illegible]

Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

154-226-010-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 28480

No. ..... St.

Primary Registration District No. 2150 Registered No. 57

Hospital .....

FULL NAME OF CHILD Lois Anderson

Sex of Child Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb. 26, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham Anderson	FULL MAIDEN NAME	Stella Long
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar, MD.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Mar 3 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-223-010-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 28481

Primary Registration District No. 21 J-0 Registered No. J-9

FULL NAME OF CHILD Laura Ura Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Wilkins	FULL MAIDEN NAME	Vida Lillith Cole
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Mar 4 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1975

264:104:010-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28482

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21-0 Registered No. 40

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	March 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis South	FULL MAIDEN NAME	Nettie Downs
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Vandalia Mo	BIRTHPLACE	Underwood Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - March 4-15 at 8:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodugnat M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed Mar 6 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-217-010-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28483

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No.

No. ____ St. — Primary Registration District No. 21-0 — Registered No. 61

Hospital ____

FULL NAME OF CHILD Martha Elizabeth Hammon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 17, 1915

FATHER		MOTHER	
FULL NAME	Daniel Hammon	FULL MAIDEN NAME	Sarah Yates
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Wheeler M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 6 1915 [illegible] Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1971

231-102-010-563

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28485

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child: boy	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: March (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Blatter	FULL MAIDEN NAME	Olga Vollenmeister
RESIDENCE	Ammon	RESIDENCE	
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	House Jr.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon Ida

Filed Mar 8 1915 Wm Cannon
Registrar

Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-228-010-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73

File No. 28486

Primary Registration District No. 2150

Registered No. 64

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Feb 28 1915

FATHER		MOTHER	
FULL NAME	Nathaniel Gardner	FULL MAIDEN NAME	Rosella Bird
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sevier Co Utah	BIRTHPLACE	Sevier Co Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ten P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt, Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

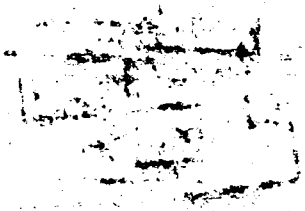
Address Ammon Ida

Filed March 1915 [signature]

Registrar

Registrar

S-Y CO. 24655



255-206-016-845

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m—1-15

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. III 28487

Primary Registration District No. 2199 Registered No. 1

FULL NAME OF CHILD Madge Severe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lyman Ray Severe	FULL MAIDEN NAME	Myrtle Ida Hunter
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oakley, Id.	BIRTHPLACE	Oakley, Id.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

[signature] (Physician or midwife)

Address Oakley Idaho

Filed 2/26 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1975

533.109:016-436

PLACE OF BIRTH

Cassia

County of

City of Oakley

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170

File No. III 25488

Primary Registration District No. 9199

Registered No. 1

FULL NAME OF CHILD Ralph Oakley Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 9th 191[illegible]

FATHER		MOTHER	
FULL NAME	LeRoy Lee Ellis	FULL MAIDEN NAME	Emma Ione Garland
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	3[illegible] (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/26 19 15

[illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-129-016-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120 File No. III 28489

Primary Registration District No. 8199 Registered No. 3

FULL NAME OF CHILD Elvin Lemuel Chapman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lemuel M. Chapman	FULL MAIDEN NAME	Blanche Martindale
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 2/26 1915 [signature] Registrar

Registrar

S-Y CO. 84655

419-229-016-669

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 120 File No. ~~111~~ 28490

Primary Registration District No. 119a Registered No. 4

FULL NAME OF CHILD Verda Martindale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Henry Martindale	FULL MAIDEN NAME	Alva Sarah Workman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Nicson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 2/26 1915 C P Oldham Registrar

Registrar

S-Y CO. 84658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-130-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28491

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 170 File No. ~~11~~

Primary Registration District No. 799 Registered No. 5

FULL NAME OF CHILD Floyd ~~Pickett~~ Jennings Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	3	yes	Jan 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Pickett	FULL MAIDEN NAME	Emma Mayberg
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 8/26 1915 E. P. Coleham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

NOV 5 1975

Child's name added 4-30-90 MCM

212-203-016-313

Form V. S. No. 11-G—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 170 File No. III 28492

Primary Registration District No. 799 Registered No. 6

FULL NAME OF CHILD CORA Babbitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb. (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Monroe Babbitt	FULL MAIDEN NAME	Mary Callahan
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white AGE AT LAST BIRTHDAY 33 (Years)	COLOR	white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 28 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson

(Physician or midwife) Caffey Id.

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2/20 1915 E. P. Oldham
Registrar

Registrar

S-Y CO. 2X'66

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1966

4-18-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
APR 27 1990
VITAL STATISTICS UNIT

State of Utah
County of Salt Lake } ss.

Certificate No. 28492
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Baby Girl Babbitt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 3, 1915 (Date of Event)

in Basin (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Babbitt	Cora Babbitt

Subscribed and sworn to before me this April 24 day of ____, 1990.

X Notary Public, Janet Kay Bradfield
Residing at SLC Salt Lake, Utah
My commission expires August 17, 1991
(Seal)

X Rita R. Maughan
Signature of Applicant
X 4971 W. 5320 S. Kearns, Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____
County of ____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19___.

Notary Public, ____
Residing at ____
My commission expires ____
(Seal)

Supporting Signature

Street Address, City, State

LDS record of membership shows Cora Babbitt Rasmussen born Feb 3, 1915 in Basin to Moroni Babbitt and Mary Jane Callaham and blessed Mar 7, 1915. Viewed by VS.

APR 3 0 1990

Eighth grade state exam shows Cora Babbitt took the test May 8, 1929. Viewed by VS.

437-205-016-294

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28493

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 170 File No. III

Primary Registration District No. 2149 Registered No. 7

FULL NAME OF CHILD Mary Mary McLaws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb 5 1915

FATHER		MOTHER	
FULL NAME	Frank McLaws	FULL MAIDEN NAME	Alice Kidd
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. C. Nelson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2/26 1915 E P Oldham
Registrar

Registrar

8-Y CO. 84658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-108-016-693

Form V. S. No. 11-C—26m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28494

Registration District No. 170 File No. 115

Primary Registration District No. 7190 Registered No. 8

FULL NAME OF CHILD Harper Richard Weston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. J. Harper	FULL MAIDEN NAME	Olive Wilson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. O. Wilson

Oakley Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2/26 1915 E. P. Colohan Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/22/41 L. B.

Oakley Idaho: Apr 14th 1941

This is to Certify that I am Ward Clerk of Oakley 2nd Ward. And that as clerk I am the Custodian of Church records And that Bood B line #53 of said records contains the following entry. 28494

Richard Weston Harper Son of William J. Harper and Olive Wilson Born Feb 8th 1915 at Oakley Cassia Co Idaho and was blessed or christened March 7th 1915. by Elder Wm J. Harper

Wallace A Hale
Ward Clerk of Oakley 2nd Ward of Church of Jesus Christ of Latter Day Saints.

Subscribed and sworen to before me this 15th.day of April 1941.

C. J. Larson

Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

249-108016-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28495

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. III

Primary Registration District No. 2199 Registered No. 9

FULL NAME OF CHILD Burch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Burch	FULL MAIDEN NAME	Jane McBride
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. D. Nelson

(Physician or midwife) Oakley Id

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2/26 1915 E. P. Oldham

Registrar

Registrar

B-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1975

689-2271016-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28496

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 150 File No. III

Primary Registration District No. 799 Registered No. 10

FULL NAME OF CHILD Zelda Whittle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Zern Whittle	FULL MAIDEN NAME	Alice Hauser
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oakley Id	BIRTHPLACE	Oakley
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Nov 16 1915 E. Wolcham Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-203-016-113

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28498

Registration District No. 120 File No. 111

Primary Registration District No. 99a Registered No. 12

FULL NAME OF CHILD Mary Emily Richins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	3 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse W. Richins	FULL MAIDEN NAME	Alice Jackson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olsen

MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Oakley

Filed 3-10 1915

E P Olsen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-208016-689

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28499

Registration District No. 130 File No. III

Primary Registration District No. 2199 Registered No. 13

FULL NAME OF CHILD McBride

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	3-8-1915

FATHER		MOTHER	
FULL NAME	James L. McBride	FULL MAIDEN NAME	Sadie Whittle
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Howard M.D.

(Physician or midwife) Oakley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3/10 19 15 O. P. Howard Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-128:029-593

PLACE OF BIRTH

Form V. S. No. 11

[redacted] OF IDAHO
[redacted] ITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 28500

No. ..... St.

Primary Registration District No. 2142

Registered No. 3

Hospital

FULL NAME OF CHILD Charles Robert Sampson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Loyd Sampson	FULL MAIDEN NAME	Lottie Nickels
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 2-9 1915 W. N. Ekern
Registrar

8-Y CO. 20174

[redacted]

Form V. S. 2

PLACE OF BIRTH

County of

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28500

412-208-029-235

Form V. S. No. 11-O—[illegible]-2-15-12

PLACE OF BIRTH

Latah

Genesee

No. ..... St.

Hospital Tuomy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 **File No.** 28501

Primary Registration District No. 2142 **Registered No.** 4

FULL NAME OF CHILD ~~Evelyn Masse~~ EVELYN PAULINE MASSE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Feb 8 1915

FATHER		MOTHER	
FULL NAME	John B Masse	FULL MAIDEN NAME	Ada Stevens
RESIDENCE	Lewiston Id	RESIDENCE	Lewiston Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Mich
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Tuomy

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 2-12 1915 W. N. Ehem Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 28501
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for EVYLINE MASSE (Name on original certificate) who WAS BORN (Was born or died) on FEBRUARY 8, 1915 (Date of event)
in GENESEE, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by CERTIFICATE OF BAPTISM (Bible record, insurance policy, etc.) prepared on FEBRUARY 14, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Evyline Masse	Evelyn Pauline Masse

Subscribed and sworn to before me this 18th day of August, 1942

A. M. Gilbert
Notary Public, residing at Los Angeles
My commission expires Notary Public Expires Aug. 5, 1945
[SEAL]

Signed Ada Masse. (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9418 Kirkside Rd Los Angeles.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1942

A. M. Gilbert
Notary Public, residing at 3439 First Ave. San Diego, Cal.
My commission expires Feb. 21, 1943.
[SEAL]

Signed John A Stevens (UNCLE)
(Signature of any credible person other than the previous affiant.)
419-25th St. San Diego, Cal.
(Street Address, City, State)

Received for filing on AUG 26 1942 By
(Registrar's signature)

JAN 18 1955.

AUG 27 1942

296-213:029-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28502

County of Utah

City of Geneva

No. ..... St.

Hospital .....

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 5

FULL NAME OF CHILD Enid Irene Brokebill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	2 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J H Brokebill	FULL MAIDEN NAME	Carrie Woodley
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Idaho
OCCUPATION	Warehouseman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehrem

Geneva

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-13-1915 W H Ehrem

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235·216·029-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lutah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 28503

Primary Registration District No. 2142 Registered No. 6

FULL NAME OF CHILD Edre Steltz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	2 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Steltz	FULL MAIDEN NAME	Hattie Porter
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	N. Dok	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-17 1915 W. H. Ehem
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

569-107-035-795

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28504

...E OF BIRTH

Co... Ida Ferre

City of Mass - Genesee

Registration District No. 62 File No.

No. St.

Primary Registration District No. 2142 Registered No. 7

Hospital

FULL NAME OF CHILD Clemons Gregory Nordby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 17 1915

FATHER		MOTHER	
FULL NAME	Torgis Nordby	FULL MAIDEN NAME	Florence Gregory
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norway	BIRTHPLACE	N.Y.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tuorry

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 2-25 1915 W. H. Ehrens Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

T RECORD

Hospital

FULL NAM

319-21710 29-632

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28505

BIRTH

County of Canal

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 8

FULL NAME OF CHILD Bernice Marie Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	46 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Carlson	FULL MAIDEN NAME	Mariam Olson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Tuomy

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-25 1915 W. H. Ehein
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-6-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss. SEP 12 10 16 AM '74

Certificate No. 28505
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Mary Carlson (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1915 (Date of Event)
in Genesee (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Photostatic Copy made on Sept 3, 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs middle name	Mary	Marie

Subscribed and sworn to before me this 6 day of Sept, 19 74

Notary Public, residing at Coeur d'Alene Idaho
My commission expires 9/8/75
(Seal)

Signed Bern D. Hagen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Genesee Idaho
(Street Address, City, State)
920 Lamont Milton-Freewater, Ore

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Sept, 19 74

Notary Public, residing at Coeur d'Alene Idaho
My commission expires 9/8/75
(Seal)

Signed R. E. Hagen
(Signature of Any Credible Person)
Genesee Idaho
(Street Address, City, State)

FORM DH 60-155 5-22-74 Correction corresp. (C)

Marriage License Affidavit from Idaho give groom's name as B. W. Hager and Bernice Carlson. dated Oct. 25, 1935. signed by. Bessie Babcock, Deputy of Latah Co. viewed by V. S.

SEP 27 1974

Baptismal record gives name as Bernice Marie born Feb. 17 was Baptized Aug. 8, for 1915. born in 1915 also. parents names given as Adolph & Marinne Carlson. listted in book of Baptisms. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-389

PLA[redacted]H

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28506

County of Cassia

City of Malta

No. — St.

Hospital — at home

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD James Lorenzo Boothe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Feb. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin Harmen Boothe	FULL MAIDEN NAME	Christina Christiansen
RESIDENCE	Malta, Ida.	RESIDENCE	Malta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta Idaho

Filed Feb 19 15 C. I. Sater

Registrar

Registrar

S-Y CO. 24668

695 21[illegible] 993

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28507

County of Bear[illegible]

City of St Charles

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Cleone Windley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Andrew Windley	FULL MAIDEN NAME	Evelyn Leola Rich
RESIDENCE	St Charles.	RESIDENCE	St Charles.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St Charles.	BIRTHPLACE	St Charles
OCCUPATION	Miller	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sullon
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

John Mattson
Registrar

Address Paris Ida

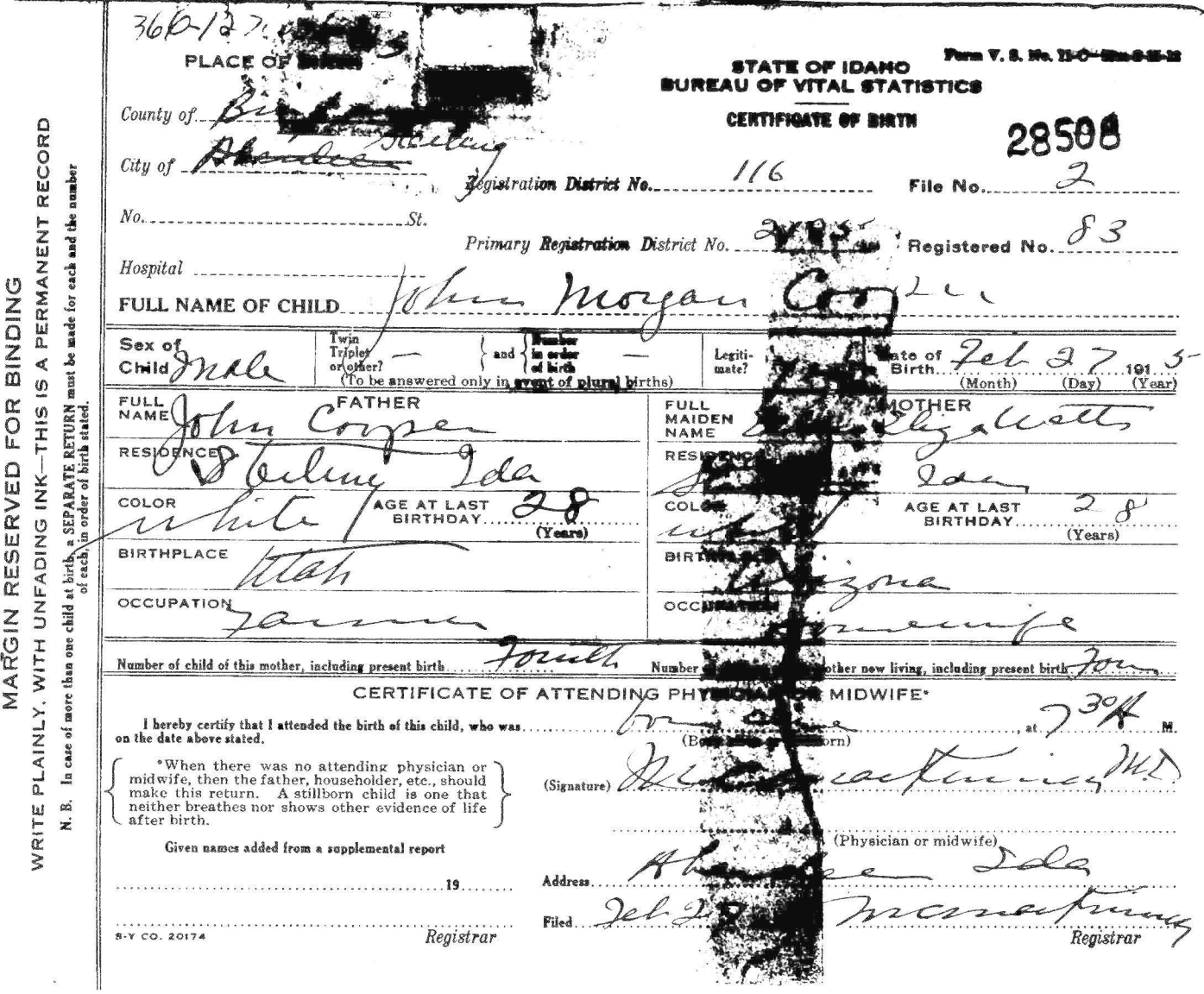
Filed Mar 11 1915 John Mattson
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36-127

PLACE OF [redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28508

County of [redacted]

City of ~~Aberdeen~~ Sterling

Registration District No. 116 File No. 2

No. ..... St.

Primary Registration District No. [illegible] Registered No. 83

Hospital .....

FULL NAME OF CHILD John Morgan Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—		Feb 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Cooper	FULL MAIDEN NAME	[illegible] Eliza Watts
RESIDENCE	Sterling Ida	RESIDENCE	[illegible] Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Homewife

Number of child of this mother, including present birth Fourth Number [illegible] other now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Feb 27 [illegible]

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 7/28/69

PLACE OF BIRTH

955-234-006-719

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-O-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28509

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 82

FULL NAME OF CHILD Florence Irene Reece

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Feb. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Lewis Reece	FULL MAIDEN NAME	[illegible]tilia Parsons
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of [illegible] now living, including present birth Three

CERTIFICATE OF ATTENDING PHYS[illegible]IDWIFE*

I hereby certify that I attended the birth of this child, who was born [illegible] at 6:10 A M. on the date above stated.

(Bor[illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Kinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Feb 24 [illegible] Kinnon

Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 15 1969

7-22-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 28509

County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Reece (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1915 (Date of Event)

in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family and church records (Bible Record, Insurance Policy, Etc.) prepared on not sure when records were first kept (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Florence Irene Reece

Subscribed and sworn to before me this 24th day of July, 1967

Frank W. Lee

Notary Public, residing at Salt Lake City, Utah

My commission expires 11-1-71

(Seal)

Signed Ada C. Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1850 Wasatch Dr. Salt Lake City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1967

Frank W. Lee

Notary Public, residing at Salt Lake City, Utah

My commission expires 11-1-71

(Seal)

Signed Perry L. Lane

(Signature of Any Credible Person)

2798 Arcadia Heights Circle

(Street Address, City, State)

Salt Lake City Utah 84109

FORM DH 60-155 Rush - Prospect - PC

Family Genealogy gives name as Florence Irene Reece. born Feb. 24, 1915. in Aberdeen, Idaho. Viewed by V. S.

JUL 2 8 1969

Church membership record gives name as Florence Irene Reece. Feb. 24, 1915. Father's namea William Lewis Reece, Mother's namea Rose Letitia Parsons. Viewed by V. S.

554-2185006-279

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28511

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 2

No. ..... St.

Primary Registration District No. 2195 Registered No. 80

Hospital .....

FULL NAME OF CHILD Esther Mae Neuenschwander

Sex of Child Female

Twin / Triplet / or other? — and Number in order of birth —
(To be answered only in event of plural births)

Date of Birth Feb (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Joab Neuenschwander	FULL MAIDEN NAME	Springer
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth First [illegible] this mother now living, including present birth One

CERTIFICATE OF ATTENDING [illegible] OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born [illegible] at 4:30 A.M. on the date above stated.

(Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] McMartinson MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Feb 15 McMartinson

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1943

415-203006-845

Form V. S. No. 11-C-20[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28512

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 79

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate [illegible] | Date of Birth Feb 3 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Joseph B. A. Mann	[illegible] H Hunt
RESIDENCE	Aberdeen Ida	[illegible] Ida
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Illinois	[illegible]diana
OCCUPATION	Farmer	[illegible]mwife

Number of child of this mother, including present birth First [illegible] other now living, including present birth one

CERTIFICATE OF ATTENDING [illegible] MIDWIFE*

I hereby certify that I attended the birth of this child, who was born [illegible] at 1 20 P.M. on the date above stated.

(Signature) [illegible] Kinnon, M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed Feb 3 1915 McCarter Kinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C-20m-4-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

818-201-008-312

Form V. S. No. 11-C-2

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28513

County of Boise

City of Garden Valley

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2019 Registered No. 59

FULL NAME OF CHILD Elaine Dorothy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garden Valley	FULL MAIDEN NAME	Mary Blanche Castle
RESIDENCE	Leslie B. Hayford	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. G. Byrd

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Placerville, during absence of Dr Fitz

Filed Mar 10 1915 May Fitz Deputy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

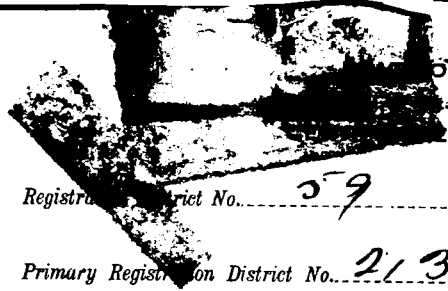
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-220-007433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

[redacted] OF IDAHO



[redacted]al Statistics

[redacted] OF BIRTH

28515

County of Blaine

City of Arco

Registra[redacted]rict No. 59

File No. 48

No. ....., ... St.

Primary Registr[redacted]on District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Jones

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 20 1915

FATHER		MOTHER	
FULL NAME	Walter Lee Jones	FULL MAIDEN NAME	Mary McLoughlin
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Malad City, Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Arco, Ida

Filed 2/25 1915

E W Fox Registrar

Registrar

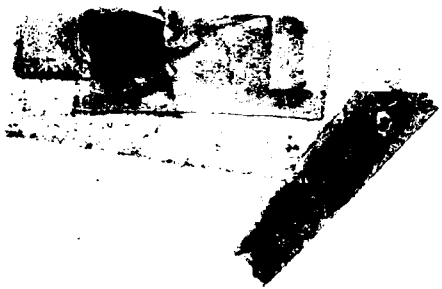
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 2 1941



AUG 2 2 1941

MAR 3 1952

815-121-007-165

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

28516

County of Blaine

City of Moore

Registration District No. 59

File No. 50

No. ....., ... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Dale Hanni

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Feb. 21st, 1915

FATHER		MOTHER	
FULL NAME	Martin Hyrum Hanni	FULL MAIDEN NAME	Lucy Gladys Jones
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	dark	COLOR	light
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Cokeville Wyoming	BIRTHPLACE	Salem Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox MD (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Arco, Idaho

Filed Feb 25 1915 Ew Fox

..... Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 13 1945

967-226-035-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF [redacted]STICS

CERTIFICATE OF BIRTH

28517

County of Nez Perce

City of Lapwai

Registration District No. 97

File No.

No. St.

Primary Registration District No. 4014

Registered No.

Hospital

FULL NAME OF CHILD not given - Vera Rogers.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes.	Nov - 26 1915

FATHER		MOTHER	
FULL NAME	Charles Rogers.	FULL MAIDEN NAME	Kitty - Davis
RESIDENCE	Lapwai - Idaho.	RESIDENCE	Lapwai.
COLOR	Indian.	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho -
OCCUPATION	Pool Hall.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - (Born alive or stillborn) at 1.30 A. M. on the date above stated.

(Signature) William H Habel. M.D.

(Physician or midwife)

Address Lapwai. Idaho.

Filed 2-27 1915

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

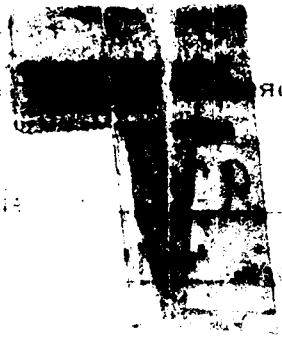
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 2 1952

FEB 17

14425 814-63

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[illegible] S. No. 11—25m-1-1-13

28518

County of Canyon

City of Parma

Registration District No. 3

File No. 12

No. ..... St.

Primary Registration District No. 2007

Registered No. 12

Hospital .....

FULL NAME OF CHILD Walter Burton Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burton B. Adams	FULL MAIDEN NAME	Emma Walters
RESIDENCE	Dead	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis: Housewife
OCCUPATION	—	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Parma

Filed Feb 28 1915 Lulu Waldrop

Registrar

S-Y CO. 24656

[redacted]

STATE OF [redacted]
BUREAU OF VITAL STA[redacted]

PLACE OF BIRTH

[redacted] 10

437-228-014-168

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28519

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2002

Registered No. 13

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Muriel Louisa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb. 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry E. McGregor	FULL MAIDEN NAME	Elsie F. Johnson
RESIDENCE	Idaho, Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Parma

Filed March 3 1915 Lulu Waldrop Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 19

469-127-014-714

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Apple Valley precinct Registration District No. 3 File No. 28520

No. ..... St.

Primary Registration District No. 2007 Registered No. 8

Hospital .....

FULL NAME OF CHILD Wayne Cummins Morris

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.	—		—	yes	Jan.	27	1913

(To be answered only in event of plural births)

FATHER

FULL NAME Wm. C. Morris

RESIDENCE Parma R. 2.

COLOR W. AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Washington Territory

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Paul

RESIDENCE Parma R. 2.

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho Territory

OCCUPATION housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Address Parma, Ida.

Filed Feb. 15 1913 Lulu Walcher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. .....19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUN 2 1972

6/11/41 L. B.

JUL 28 1949

962-209-074-819

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28521

County of Pc Canyon

City of Parma

Registration District No. —

File No.

No. St.

Primary Registration District No. 2007

Registered No. 9

Hospital

FULL NAME OF CHILD Iva Ruth Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William H. Ross	FULL MAIDEN NAME	Maggie E. Harris
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Waldorf. MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma Idaho

Filed Feb. 19 1915 Luke Waldorf Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-210-014-685

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28522

County of Canyon

City of Roswell Precinct

Registration District No. 3 **File No.**

No. ..... *St.*

Primary Registration District No. 2007 **Registered No.** 10

Hospital .....

FULL NAME OF CHILD Florence Blake

Sex of Child fem.	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feb. (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert T. Blake	FULL MAIDEN NAME	Grace Van Wyngarden
RESIDENCE	Parma, R. 3.	RESIDENCE	Parma R. 3.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mass.	BIRTHPLACE	Iowa
OCCUPATION	Orchardist	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb. 18 1915 Lulu Naldrop Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-229-028-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

2853 1

County of Kootenai

City of DeSmet

No ....., ... St.

Hospital .....

Registration District No 31 File No. 1

Primary Registration District No. 2118 Registered No. .....

FULL NAME OF CHILD Bertha Gollen Garland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 29 1915

FATHER		MOTHER	
FULL NAME	Louis Joseph Gollen	FULL MAIDEN NAME	Agatha Michel
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	DeSmet	BIRTHPLACE	DeSmet
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Joseph Gollen, Indian

(Physician or Midwife)

Address DeSmet, Idaho

Filed Jan 21 1915 John Post, Asst. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

795-213-028-913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28532

County of Kootenai

City of DeSmet

No ____, ____ St.

Registration District No 21 File No. 2

Primary Registration District No. 2118 Registered No. ____

Hospital ____

FULL NAME OF CHILD Esther Gregory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Febr 13, 1915

FATHER	MOTHER
FULL NAME: Thomas Gregory	FULL MAIDEN NAME: Christine Zachary
RESIDENCE: DeSmet	RESIDENCE: DeSmet
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: DeSmet	BIRTHPLACE: Reservation
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) ____

Mrs. B. Zachary Indiana (Physician or Midwife)

Address DeSmet, Idaho

Filed Febr. 14th 1915 John Peat, Asst. Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

255-208-004-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28533

County of Bear Lake

City of Georgetown

No. ....., ... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maud Bee

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	March 8, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Moxey Bee	FULL MAIDEN NAME	Sarah Rozella Dunn
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Woodruff, Utah.	BIRTHPLACE	Bloomington, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho.

Filed Mar. 1915

Registrar

Given names added from a supplemental report

[illegible] 19[illegible]

[illegible] C. Clark

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

PLACE OF BIRTH

R BINDING

IS A PERMANENT RE

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 28533

County of ..... Oct 4 1 45 PM '74 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bee (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1915 (Date of Event)

in Georgetown (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Maud Bee

Subscribed and sworn to before me this 18th day of Sept, 1974

Florence Cartright

Notary Public, residing at Boise

My commission expires 1-20-74

(Seal)

Signed Georgina B. Mikesell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

ICN #d / 16267

Certificate of Baptism and Confirmation from the LDS Church gives name as Maud Bee daughter of John M. Bee and Rosella Dunn. Born Mar. 8, 1915 at Georgetown, Idaho. Was Baptized June 24, 1923. viewed by V. S.

OCT 22 1974

Certificate of birth from the LDS Church gives name as Maud Bee born Mar. 8, 1915 at Georgetown, Idaho. Father's name given as John M. Bee and Mother's name as Zella Dunn. Entered on record May 3, 1915. viewed by V. S.

747-126-004-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28534

County of Bear Lake

City of St. Charles.

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Elwyn Leslie Pugmire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan. 26 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Edward Pugmire	FULL MAIDEN NAME	Laura Richards
RESIDENCE	St. Charles Ida	RESIDENCE	St Charles Ida.
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	St Charles Ida.	BIRTHPLACE	Farmington Utah
OCCUPATION	Clerk in Mdse. Store	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M.D.

(Physician or midwife)

Address Paris Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Mar 20 19 16 John M. Matthews Registrar

S-Y CO, 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-116-044-493

[redacted]E OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28535

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. 10th St., Bet 9 & 10 ave South,

Primary Registration District No. 1006.

Registered No.

Hospital Earl

FULL NAME OF CHILD Lyle Taylor,

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X		X	Yes	Feby (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyle Taylor	FULL MAIDEN NAME	Hilda Mill
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	ark.
OCCUPATION	Cigar Maker	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

, 19

Filed Feb 24 1915 DVSD Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO., 16669

AUG 11 1959

[redacted]

SEP 20 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-3-116-014-458

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. No 4 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 28536

Primary Registration District No. 2006. Registered No.

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	X	X	yes	Feby 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar W Nelson	FULL MAIDEN NAME	Christina Meyer
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M D (Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

..... 19.....

Filed Feb 24 1915 Dr S D Calouge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO., 16669

666-221-014-294

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28537

County of Canyon

City of Nampa

No. 11th St. North St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Edna Evelyn Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Feb 21 1915

FATHER		MOTHER	
FULL NAME	Wm J. Wood	FULL MAIDEN NAME	Mary E Kimber
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	California	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J H Murray M D
(Physician or Midwife)

Address Nampa Idaho

Filed Feb 27 1915 D V S D Calonge
Registrar

Anna Hatfield Deputy

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 14 1966
Bureau of Vital Statistics

State of Utah } ss.
County of Salt Lake

Certificate No. 28537

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wood (female child) who was born on Feb. 21, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edna Evelyn Wood

Subscribed and sworn to before me this 10th day of March, 1966.

Notary Public, residing at Midvale, Utah
My commission expires 7-26-68
(Seal)

X Signed Phebe Orr (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Homedale, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1966.

Notary Public, residing at Midvale, Utah
My commission expires 7-26-68
(Seal)

Signed Elaine K. Lloyd (Aunt)
(Signature of Any Credible Person)

Draper, Utah
(Street Address, City, State)

FORM DR 60.155

CL 5-20-65. one copy pd. rec. #14775.

Birth Certificate of child gives name of mother as Edna Evelyn Wood born at Nampa, Idaho on Feb. 21, 1915. Child Born April 15, 1944.
Viewed by V. S.

APR 13 1966

Family Bible Record gives name asEdna Evelyn Wood born Feb. 21, 1915. Obviously old.
Viewed by V. S.

693-224-014-454

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28539

County of Canyon

City of Nampa

No. 16 Ave Det 8 & 9 St South

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	X	X	Yes	Feby 24, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W. Wilson	FULL MAIDEN NAME	Lillian A Underwood
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	California	BIRTHPLACE	Montana
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or Midwife)

Given name added from a supplemental report

Address Nampa Idaho

, 19

Filed Mar 4 1915 Dr S D Calonge Registrar

Registrar

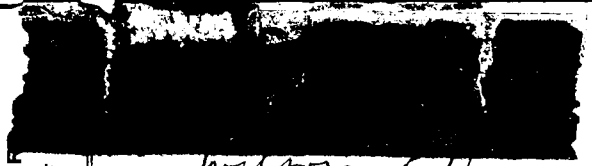
Anna Hatfield Deputy

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Wilson P.O. Registration District No. 7 File No. 28540

No. —, St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Millie Ellen Stanford

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
girl	X	X	yes	Mar (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Stanford	FULL MAIDEN NAME	Lena P Shaver
RESIDENCE	Wilson Idaho	RESIDENCE	Wilson Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M D

(Physician or Midwife)

Given name added from a supplemental report

K, 19

Registrar

Address Nampa Idaho

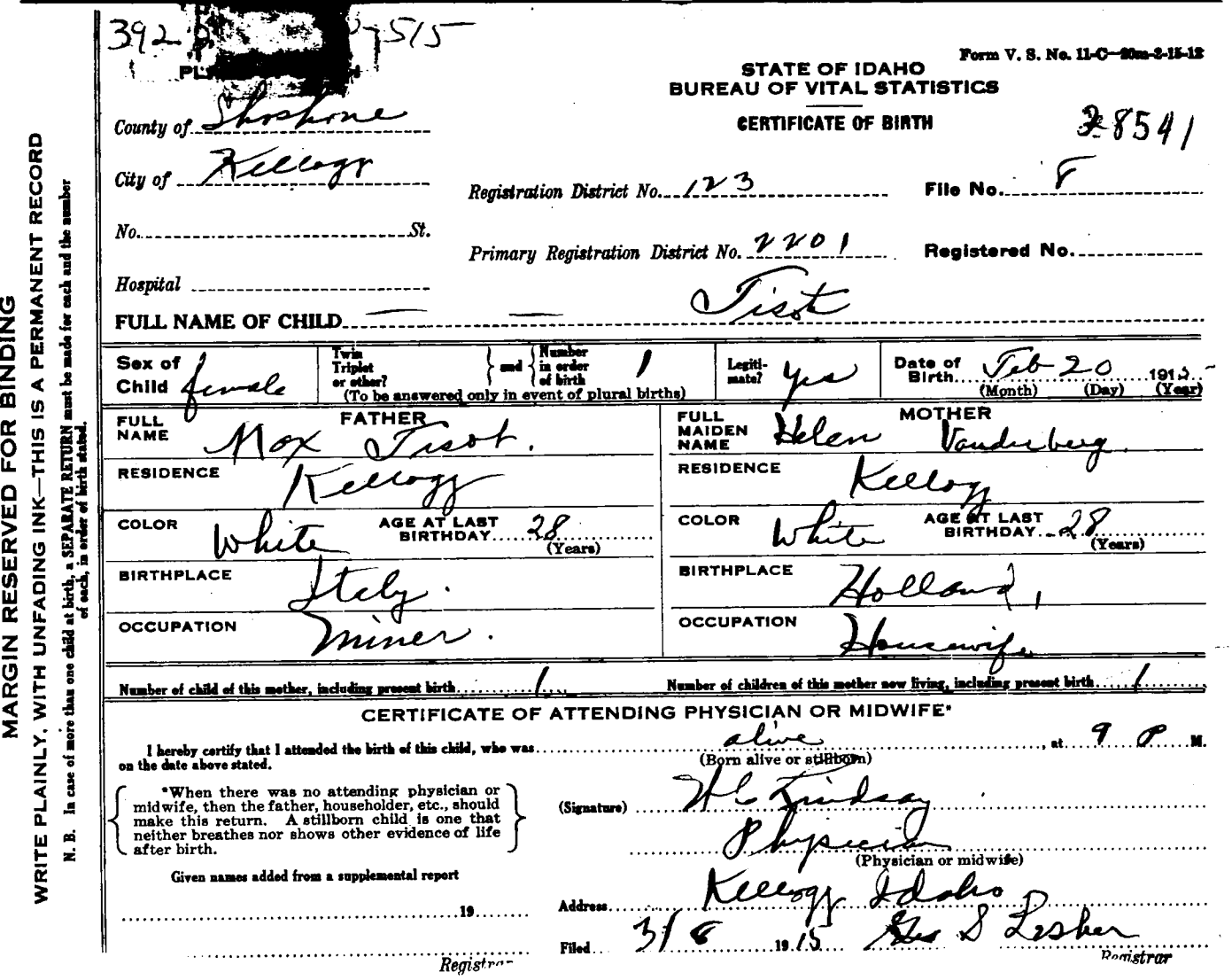
Filed Mar 8 1915 Dr S D Calouge Registrar

Anna Hathels Deputy

S-Y CO., 16669

AUG 3 1 1943

MAY 4 1976



392 [illegible] 515

PL[illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28541

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 8

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD — — Tisot

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			1	yes	Feb 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max Tisot.	FULL MAIDEN NAME	Helen Vanderberg.
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy.	BIRTHPLACE	Holland,
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 3/8 1915 Geo S Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

668-104-040-754

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

28542

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 123

File No. 45

No. ..... St.

Primary Registration District No. 2226

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harry J. Wohlsein

Sex of Child M	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	[illegible] Yes	Date of Birth 2 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Wohlsein	FULL MAIDEN NAME	Lena Peden
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Miner	OCCUPATION	[illegible]

Number of child of this mother, including present birth 3

Number of children of this m[illegible] 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 1 [illegible] on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo S Lister M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 2/4 1915

Registrar

Registrar

S-Y CO. 24656

AUG 3 0 1950

847-122-040-719

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28543

County of Shoshone

City of Kellogg Registration District No. 123 File No. 19

No. ____, ____ St. Primary Registration District No. 2201 Registered No. ____

Hospital Wardner

FULL NAME OF CHILD Richard Bryan Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Jan 22, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. William Hughes	Mary Jane Parry
RESIDENCE	Kellogg, Ida.	Kellogg, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	32 (Years)
BIRTHPLACE	Wales, England	Wales, England
OCCUPATION	Hotel keeper	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McEachin

M D (Physician or Midwife)

Address Kellogg Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/13 1915 Geo. S. Leoker Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

795.103.040-993

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28544

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 18

No. ....., ... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Carlo~~ CARLO ~~Selmi~~ SELMI Green

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Jan 3, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Frank Green	Lena Rita
RESIDENCE	Kellogg, Idaho	Kellogg, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	25 (Years)
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kellogg, Idaho

Filed 3/13 1915 Geo. S. Lesher

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of CLATSOP }

Certificate No. 28544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Carlo Selmi Green (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 5, 1915 (DATE OF EVENT)
in Kellogg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 10, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Karlo Selmo	Carlo Selmi Green

Subscribed and sworn to before me this 26th
day of March, 1943

Signed Frank Green
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Astoria, Oregon,
My commission expires May 7, 1946.
(SEAL)

Route 1 Box 272, Astoria, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of March, 1943

Signed Matt Ristola
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Astoria, Oregon
My commission expires May 7th, 1946.
(SEAL)

Route 1, Box 271, Astoria, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 8 9 1943 By
(REGISTRAR'S SIGNATURE)

DEC 30 1966

MAR 30 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH 243-~~228~~-040-469

County of Shoshone

City of Kellogg

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28545

Registration District No. 123 File No. 16

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Wilma Butz

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes.	Feb. 28, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Wyeth Butz	FULL MAIDEN NAME	Hattie Morgan
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	No. Dakota
OCCUPATION	Traveling man	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Kellogg

Filed 3/13 1915 Geo. S. Lesher Registrar

S-Y CO., 16670

MAR 14 1952

319-224.040-413

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28546

County of Shoshone

City of Kellogg

No. ....., ... St.

Hospital .....

Registration District No. 123 File No. 15

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Helen May Carlson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Jan 24, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arvid Carlson	FULL MAIDEN NAME	Emma Mattson
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kellogg Ida.

Filed 3/13/ 1915 Geo. S. Lesher Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

115-13-040-411

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28548

County of Shoshone

City of Kellogg Registration District No. 173 File No. 13

No. ____, ____ St. Primary Registration District No. 1701 Registered No. ____

Hospital ____

FULL NAME OF CHILD Leo Walter Jantti

Sex of Child: Male	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of birth Feb 13 (Month) (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul Jantti	FULL MAIDEN NAME	Hulda Miatta
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McEachin M. D.

(Physician or Midwife)

Address Kellogg Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/13/ 1915 Geo. S. Leahy

Registrar

S-Y CO., 16670

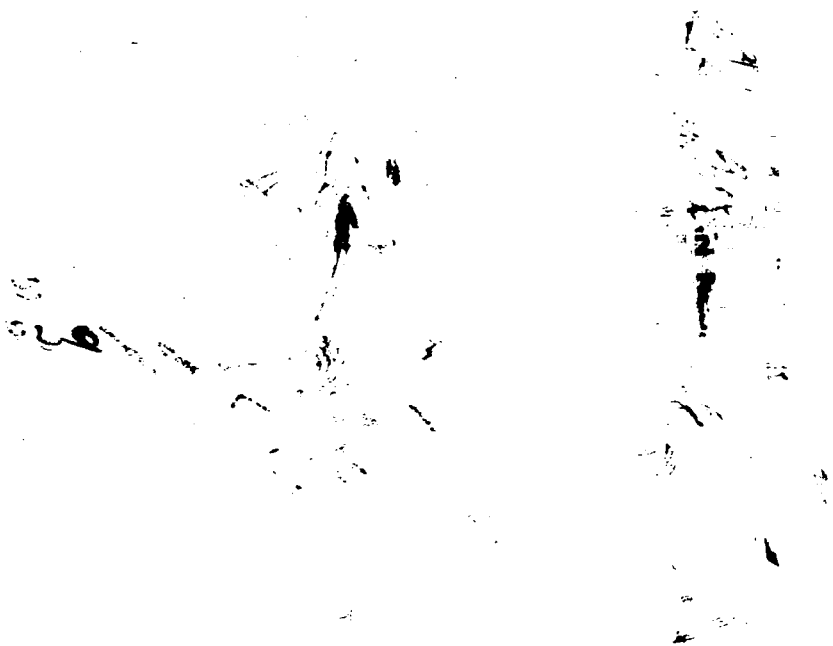
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 5 1965

JUN 7 1976



962-215-040-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28552

Registration District No. 123 File No. 7

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Anna Margaret Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	2 (To be answered only in event of plural births)	Yes	Feb (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos D Roberts	FULL MAIDEN NAME	Martha Davis
RESIDENCE	Medimont	RESIDENCE	Medimont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	New York City N.Y.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kellogg Idaho

Filed 2/19 1915 Geo A Lesher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1945

366106-040-362

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Shoshone

City of Stuart

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 28553

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Michael Cook.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Ye	Feb 6 1913

FATHER		MOTHER	
FULL NAME	Peter Cook.	FULL MAIDEN NAME	Anna Lokla.
RESIDENCE	Stuart.	RESIDENCE	Stuart
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lindsay

Physician
(Physician or midwife)

Address Kellogg Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/12 1913 Geo S Leahy
Registrar

R-Y CO. 20174

162-127-001

PLACE OF B[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R# II t.

Registration District No. 11 File No. 28554

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Chas Alford Joslin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	Feb 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas A. Joslin	FULL MAIDEN NAME	Anna M. Keppes
RESIDENCE	Meridian R# II	RESIDENCE	Meridian R# II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed Mar. 9 1916

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1942

415-218-001-36

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28555

County of Ada

City of Meridian

Registration District No. 11

File No. 28555

No. R # 1 St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Clara Arlyne Davidson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	6	yes	Feb 18 1918

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: J. H. Davidson	FULL MAIDEN NAME: Ethel M Coyle
RESIDENCE: Meridian R # 1	RESIDENCE: Meridian
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Ills	BIRTHPLACE: Maine
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Neal

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 3-9- 1918 C. L. Dutton
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California
County of San Diego } SEP 3 1941

Certificate No. 28555
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mary Davidson (Name on original certificate) who was born (Was born or died) on Feb. 18, 1915 (Date of event)
in Meridian Idaho (Place of event) are erroneous ~~or were omitted;~~ and that, to the best of his knowledge, the true
facts as shown by Guardianship papers (Bible record, insurance policy, etc.) prepared on October 6, 1933 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Mary Davidson	Clara Arlyne Davidson

2 herby certify that I am the brother and former guardian of above said applicant

Subscribed and sworn to before me this 30th day of August, 1941

Sydney S. Block
Notary Public, residing at La Mesa, California
My commission expires My Commission Expires April 16, 1944
[SEAL]

Signed Forrest F. Davidson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

4690 Orange ave San Diego California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California
County of San Diego } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1941

Sydney S. Block
Notary Public, residing at La Mesa, California
My commission expires My Commission Expires April 16, 1944
[SEAL]

Signed Marie F. Davidson (Sister-in-law)
(Signature of any credible person other than the previous affiant)

4690 Orange Ave. San Diego Calif.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

239 111-001-159

Form V. S. No. 11-C—25m-1-1-13

28556

PLACE OF BIRTH

County of Ada

City of Nora

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 28556

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Dorothy Elvida Scrivener

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	Feb 11 1915
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Troy Scrivener	FULL MAIDEN NAME	Alice Evelyn Jerome
RESIDENCE	Nora Idaho	RESIDENCE	Nora Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. F. Neal

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-9th 19 16 C. E. Dutton Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.122.001-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28557

County of Ada

City of Meridian

No. R#1 St.

Registration District No. 11 File No. 28557

Primary Registration District No. 2003. Registered No.

Hospital

FULL NAME OF CHILD Geo William Burri

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	Feb 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm F Burri	FULL MAIDEN NAME	Genevia M Yoder
RESIDENCE	Meridian R#1	RESIDENCE	Meridian R#1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:10 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed Mar 9th 1915 C. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

493.209.001-238

PLACE OF BIRTH

County of Ada

City of Meridian

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

28558

28558

Registration District No. 11 File No.

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Helen Francis Michel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	3 – 9 – 1915

	FATHER	MOTHER
FULL NAME	John Michel	Wilhelmina Schuman
MAIDEN NAME		
RESIDENCE	Boona Ida	Boona Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45 –	35 –
BIRTHPLACE	Germany	Poland Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D. (Physician or midwife)

Address Meridian

Given names added from a supplemental report

..... 19.....

Filed 3 – 10 – 1915 C. L. Sutton Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1972

691-206-vol-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 41—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28559

Registration District No. 11 File No. 28559

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Ethel Marie Frahm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	2 – 6 – 1915

FATHER		MOTHER	
FULL NAME	Ernest H. Frahm	FULL MAIDEN NAME	Ruby V Stoudt
RESIDENCE	3 Mi. N-W. of Kuna	RESIDENCE	Same -
COLOR	White -	COLOR	W
AGE AT LAST BIRTHDAY	25 - (Years)	AGE AT LAST BIRTHDAY	25 - (Years)
BIRTHPLACE	Germany -	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 –

Number of children of this mother now living, including present birth 2 –

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 20 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Dutton M. D.

(Physician or midwife)

Address Meridian

Filed 2-9- 1915 C. L. Dutton Registrar

S-Y CO. 24636

5/31/41 L. B.

DECEASED

295-209-001-795

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28560

County of Ada

City of Mora

Registration District No. 11 File No. 28560

No. St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Margaret Francis King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Feb-9-1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawson L King	FULL MAIDEN NAME	Isa Bell Green
RESIDENCE	Mora	RESIDENCE	Mora
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~37~~ 33 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	~~M~~ Tenn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 45 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Ida

K 19

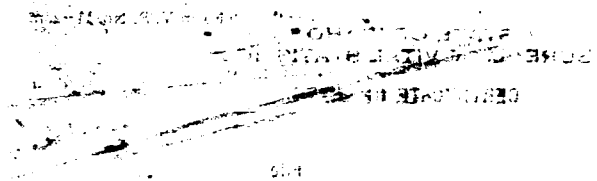
Filed 2-10th 1915 C. L. Dutton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 2 1 1954

RECEIVED
FEB 4 1949
DIVISION OF
STATISTICS

28 5 10

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No. Rt. #1
   (d) Name of Hospital or Maternity Home: Home - Kuna, Ida.,
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. Rt. #2
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Frances King

5. Date of Birth of Child (Month, day, year) Feb. 9, 1915

6. Sex F.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawson Lorwell King
11. Color or Race W.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Butler, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Green
17. Color or Race W.
18. Age at time of THIS birth 37 yrs.
19. Birthplace Red Boiling Springs, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Lawson (First name) Dr. Fink King (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawson King Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1949

(SEAL) G W Grebe, Notary Public, residing at Kuna Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-215-001-459

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Mora

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28561

Registration District No. 11 File No. 28561

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Opal Green.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Feb- 15- 1915- (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar W. Green	FULL MAIDEN NAME	Stella Ann Merrow
RESIDENCE	Mora	RESIDENCE	Mora Idaho
COLOR	W—	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Meridian Ida

Filed 2-18- 1915 C. L. Dutton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1957

819-203-001-318

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

28562

CERTIFICATE OF BIRTH

County of Ada

City of Near Maple Grove

No. School St.

Registration District No. 11

File No. 28562

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Leola May Harms

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	3 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	(2) Ross (Linus) Harms	FULL MAIDEN NAME	Adeline Taylor
RESIDENCE	Near Maple Grove School	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 3-7- 1915 C. L. Dutton Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1963

437-129-001-749

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

28563

CERTIFICATE OF BIRTH

28563

County of Ada

City of Meridian

Registration District No. 11 File No.

No. ~~XX~~ St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Unnamed Child

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	1 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John McGill	FULL MAIDEN NAME	Cloma Gurwell
RESIDENCE	Meridian Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Teamster & Drayman	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D. (Physician or midwife)

Given names added from a supplemental report

19

Address Meridian Ida

Filed 1-3- 1915 C. L. Sutton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-219.001-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28564

County of Ada

City of Meridian

No. Near Clover Dale School

Registration District No. 11 File No. 28564

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Lucy Stella Marlatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				1 — 19 — 1913

FATHER

FULL NAME Wm Marlatt

RESIDENCE Near Cloverdale School

COLOR White — AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Washington Ter

OCCUPATION Farmer

Number of child of this mother, including present birth 7

MOTHER

FULL MAIDEN NAME Lucy E Daly

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.20 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Dutton M. D.

(Physician or midwife)

Address Meridian Ida

Filed 1-24 1915 C. L. Dutton Registrar

S-Y CO. 24656

JAN 23 1951

155118033-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28581

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Jensen	FULL MAIDEN NAME	Ida Bell Kay
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	Indian	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed 3.15 1915 C. Cherrum Eaton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-102-007-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED

County of Adams

City of Indian Valley — April 1, 1948

No. ____ St. — Registration District No. 4 — File No. 28582

Hospital ____ — Primary Registration District No. ____ — Registered No. 194

FULL NAME OF CHILD Harry Tilford Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 2 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tilford Lindsay	FULL MAIDEN NAME	Clara Freitag
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192....

____ Registrar.

Filed Feb 1915 Frank E. Brown
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 28582

No. ..... St.

Primary Registration District No. .....

Registered No. 194

Hospital .....

FULL NAME OF CHILD William Tilford

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 2 (Month) - 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Tilford Lindsay	FULL MAIDEN NAME	Clara Fritag
RESIDENCE	Indian Valley	RESIDENCE	Ind Val
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kan
OCCUPATION	Blacksmith	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed ..... 19.... Frank E Brown

Registrar

Registrar

S-Y-CO. 24995

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 28582

County of Adams } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for William Gilford Lindsay (Name on Original Certificate) who was Born (Was Born or Died) on Feb. 2, 1915 (Date of Event)

in Francis Valley Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Tilford Lindsay	Harry Tilford Lindsay

Subscribed and sworn to before me this 10 day of March, 1948

[signature]

Notary Public, residing at Bellingham

My commission expires Feb 19-1952

(Seal)

Signed X Tilford Lindsay Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

1708 Kentucky St Bellingham Wn.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Whatcom }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1948

[signature]

Notary Public, residing at Bellingham

My commission expires Feb 19-1952

(Seal)

Signed X Clara Lindsay Mother

(Signature of Any Credible Person)

1708 Kentucky St Bellingham Wash

(Street Address, City, State)

MAY 5 1948
APR 14 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-208002-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

28583

CERTIFICATE OF BIRTH

28583

County of Adams

City of Indian Valley

Registration District No. 71 File No.

No. St.

Primary Registration District No. 2148 Registered No. 195

Hospital MAUDE . JESSIE

FULL NAME OF CHILD ~~Jessie Maude~~ Buzzard

Sex of Child F. | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth 2 (Month) 8 (Day) 191 J (Year)

FATHER	MOTHER
FULL NAME Jess W. Buzzard	FULL MAIDEN NAME May Alice Elledge
RESIDENCE Indian Valley	RESIDENCE Indian Valley
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-8 19 21 Frank E. Brown
Registrar

..... Registrar

S-Y CO. 24658

FEB 1 2 1943

942-22-3802-296

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

28584

CERTIFICATE OF BIRTH

28584

County of Adams

City of Indian Valley — Registration District No. 71 — File No.

No. ____ St. — Primary Registration District No. 2748 — Registered No. 196.

Hospital

FULL NAME OF CHILD John Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	2-23 1913

FATHER		MOTHER	
FULL NAME	A. E. Bailey	FULL MAIDEN NAME	Bessie Bowning
RESIDENCE	Indian Valley	RESIDENCE	"
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Blacksmith	OCCUPATION	Hsf

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown
(Physician or midwife)

Address

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 2-23 1913 — Frank E Brown Registrar

S-Y CO. 24855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUN 8 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-103

PLACE [redacted]

Form V. S. No. 11—25m-1-1-13

[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of North Lewiston

Registration District No. 96

File No. 28585

No. ..... St.

Primary Registration District No. 1009

Registered No. 10

Hospital .....

FULL NAME OF CHILD William Earl Byers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. J. Byers	FULL MAIDEN NAME	Bessie Belle Case
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pine City, Minn.	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P. M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed 3-10- 1915 L. J. Perkins
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

Certified Copy issued Dec. 10, 1940. E.W.

712-207-095-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28586

County of Nez Perse

City of Lewiston

No. ..... St.

Hospital Yes

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 11

FULL NAME OF CHILD Eugenia Sophia Gasser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Feb 7th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Gasser	FULL MAIDEN NAME	Annie Henrietta Tiemessen
RESIDENCE	Lewiston	RESIDENCE	Lewiston "
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Alsace Lorain	BIRTHPLACE	New Hampton Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11-30-P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Hourse M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed 3-10-1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1960

AUG 28 1963

819-109-035-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28587

County of Nez Perce

City of Hardin ranch

Registration District No. 98

File No.

No. St.

Primary Registration District No. 1009

Registered No. 12

Hospital

FULL NAME OF CHILD Baby 7-mo-

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess L. Hardin	FULL MAIDEN NAME	Nettie Harlan
RESIDENCE	Forest P.O.	RESIDENCE	Forest P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Cattle man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Only Husband Attending
(Physician or midwife)

Given names added from a supplemental report.

Mar 9 1915

Address

Registrar

Filed 3-10- 1915 L J Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11/21/72

267-21-0355-369

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28590
Local Reg. No.
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Velma
b. (Middle): D.
c. (Last): Soper

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feby. 13, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Carman
b. (Middle): A.
c. (Last): Soper

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mich.

10. USUAL OCCUPATION: Taxidermist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Laura
b. (Middle): L.
c. (Last): Corbin

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): N. Dak.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. C. Keller

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-10-15

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 3 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 16 10 06 AM '72

State of Alaska } ss.
~~County of~~ 3d Judicial Dist.

Certificate No. 28590

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laura A. Soperr (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1915 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Censes (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Laura A. Soper	Velma Dulcie Claudine Soper

Subscribed and sworn to before me this 6th day of June, 19 72
Helen L. Long
Notary Public, residing at Valdez Alaska
My commission expires 4-1-73
(Seal)

Signed Pearl (Lillian) Bronson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 467 Valdez Alaska 99686
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Alaska } ss.
~~County of~~ 3d Judicial Dist

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 72
Helen L. Long
Notary Public, residing at Valdez, Alaska
My commission expires 4-1-73
(Seal)

Signed Owen R. Bronson
(Signature of Any Credible Person)
Box 467 Valdez Alaska
(Street Address, City, State)

FORM DH 60-155 CL 4/26/72 1cc pd.

Census record taken October 1, 1929 gives child's name as Velma D. Soper a daughter of Carmen and Laura L. Soper. Taken in Alaska. Viewed by V. S.

School record from Intermediate School District No. 112, Vancouver, Washington gives child's name as Velma Soper. born 2/13/15/ dated May 1922. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital .....

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 96

File No. 28590

Primary Registration District No. 1009

Registered No. 15 ~~16~~ 15

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ LAURA A. SOPE[redacted]

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	One		2nd	Yes	Feby [redacted] (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Carman A. Soper	FULL MAIDEN NAME	Laura L. S. Corbin
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	N. Dak
OCCUPATION	Taxidermist	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Osteopathic Physician (Physician or Midwife)

Given names added from a supplemental report

Address Lewiston Idaho

....., 19....

Filed 3-10- 1916 L. J. Perkins

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Alaska }
County of Third Division } ss.

Certificate No. 28590

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Velma Claudene Soper (Birth or Death)
for Velma Claudene Soper (Name on Original Certificate) who Born (Was Born or Died) on Feb. 3. 1923 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by memory of mother (Bible Record, Insurance Policy, Etc.) prepared on 14th day of April (Give Date), 1944, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Velma Claudene Soper	Laura A. Soper

Subscribed and sworn to before me this 14 day of April, 19 44

Notary Public, residing at

My commission expires July 21, 1945
(Seal)

Signed Laura A. Soper
Laura A. Soper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

anchorage alaska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Lars B Saebo
(Signature of Any Credible Person Other Than Previous Year)

Anchorage Alaska
(Street Address, City, State)

OCT 9 1964

MAR 27 1972
NOV 21 1972

MAY 8 1964

859-213, 035-789
Fill, in if not-city return to Dr. [illegible].

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

28591

County of Nez Perce.

City of (Not City), Waha

Registration District No 95 File No.

No ....., ... St.

Primary Registration District No. 1009 Registered No. 16 ~~16~~

Hospital

FULL NAME OF CHILD Alene Herrington.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Girl.	One. (To be answered only in event of plural births)	#####	Yes.	Feb. 13, 1915 (Month) Feb. 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Perry A. Herrington.	FULL MAIDEN NAME	Fanny Phillips.
RESIDENCE	Waha, Idaho.	RESIDENCE	Waha, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Missouri.
OCCUPATION	Physician.	OCCUPATION	Housewife.

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Asotin, Washington.

Filed 3-10- 1915 L. J. Perkins
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433216-035-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs Hospital

Registration District No. 96 File No. 28502

Primary Registration District No. 1009 Registered No. ~~18~~ 17

FULL NAME OF CHILD Margaret Mary McCann

Sex of Child Female	~~Twin~~ Triplet ~~of other~~ and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph McCann	FULL MAIDEN NAME	Clara Beck
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Idaho
COLOR	White AGE AT LAST BIRTHDAY 50 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Wisconsin U.S.	BIRTHPLACE	New York U.S.
OCCUPATION	Cattleman	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. T. Johnson M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 303 Weisgarber Bldg.

Filed 3-10- 1915 L J Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 20 1974

565-128-035-6 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH [redacted] OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

28593

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 25

Hospital St. Joseph's

FULL NAME OF CHILD Max Noel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 28 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Vernon Noel	FULL MAIDEN NAME	Florence Ward
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Greenwood Neb	BIRTHPLACE	Wasco, Ore.
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida

19

Filed 3-10- 1915 L. J. Aukin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-2-41

414-116-035-914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28594

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 18

Hospital Yes St. Joseph

FULL NAME OF CHILD Bobby Benedick Madden

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb 16th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George M Madden	FULL MAIDEN NAME	Opal B Madden
RESIDENCE	Near Wah a Idaho	RESIDENCE	Near Waha Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	New Canton Ills
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2-30-P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Hourse M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed 3-10- 1915 L. J. Perkins

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-27-41

564-217-035-213

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28595

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 422 Adams St.

~~Hospital~~ Home

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 19

FULL NAME OF CHILD Myrle Joust

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth 2 | Legitimate? yes | Date of Birth Feb 17 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME Wm S Joust	FULL MAIDEN NAME Ella Bates
RESIDENCE 422 Adams St	RESIDENCE 422 Adams
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebraska
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M on the date above stated.

(Signature) A M Trump

Lewiston Idaho

(Physician or midwife)

Address

Filed 3-10- 19 15 L J Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1956

864-217-035-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 422 Adams St.

~~Hospital~~ Home

Registration District No. 96

File No. 28596

Primary Registration District No. 1009

Registered No. 20

FULL NAME OF CHILD Byrle Youst

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	Feb. 17th 1915

FATHER		MOTHER	
FULL NAME	Wm S. Youst	FULL MAIDEN NAME	Ella Bates
RESIDENCE	422 Adams St	RESIDENCE	422 Adams St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mills County, Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 50 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Frank
Lewiston, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3-10- 1915 L J Perkins
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1955

818-119-035-445

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28597

County of Nez Perce

City of Lewiston

No. East Main St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 21

FULL NAME OF CHILD Woodrow Wilson Hayward

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5th	Yes	Feb 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hayward	FULL MAIDEN NAME	Dyela Dunn
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bermuda Islands	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlsson MD
Lewiston Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-10- 1915 L J Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-224-035-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28598

County of Nez Perce

City of Lewiston Ida

No. 132 - 4th St.

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 22 [redacted]

Hospital

FULL NAME OF CHILD Thelma Rose McMahon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	Single	6	yes	Feb 24 1915

FATHER		MOTHER	
FULL NAME	Barney McMahon	FULL MAIDEN NAME	Edna L Smith
RESIDENCE	132 4th Lewiston	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ireland	BIRTHPLACE	minnesota
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O G Leamon M D

(Physician or midwife)

Address Lewiston Idaho

Filed 3-10- 19 15 L J Perkins

Registrar

Given names added from a supplemental report.

19

Registrar

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1949

635-226-035-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 13th & Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28599

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 23

FULL NAME OF CHILD Eleanor Henrietta Fletcher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	single	1st	yes	Feb 26th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles A Fletcher	FULL MAIDEN NAME	Mary W. Delsman
RESIDENCE	13th Idaho Lewiston	RESIDENCE	13th Idaho Lewiston Idh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Nebraska
OCCUPATION	Taxi driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

Lewiston Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Registrar

Address

Filed 8-10- 1915 L. G. Perkins

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1969

113-127-035-796

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28600

County of Nez Perce

City of Lewiston Ida

Registration District No. 96

File No.

No. ..... St.

Primary Registration District No. 1009

Registered No. 24

Hospital St Josephs

FULL NAME OF CHILD Henry Fay

Sex of Child: Male	Twin Triplet or other? Single and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feb (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leslie F Jacobson	FULL MAIDEN NAME	Lena B Grove
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Orchardist	OCCUPATION	Housework

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Clearsson MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed 3-10- 1915 L J Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-107-016-539

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28601

...y of Cassia

...f

...St.

Hospital

Registration District No. ~~Marshfield~~ Precinct 117 File No.

Primary Registration District No. 2196 Registered No. 273

FULL NAME OF CHILD ~~[illegible]~~ WILLIS ELISON WARD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes.	Feb 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis A. Ward.	FULL MAIDEN NAME	Ella A. Elison
RESIDENCE	~~Marshfield~~ Burley Idaho	RESIDENCE	~~Marshfield~~ Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Elba Idaho.	BIRTHPLACE	Oakley Idaho
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs. Thomas Robinson

Mid Wife (Physician or midwife)

Address Burley Idaho R. F. D. No 2

Filed 3-10 1915 Dr. J. C. Patterson Registrar

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMAN...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif } ss. Certificate No. 28601

County of Stanislaus } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Willis Elison Ward (Name on Original Certificate) who was born (Was Born or Died) on Feb 7 1915 (Date of Event)

in Beclo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on May 14-42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Willis Elison Ward
Willis Elison Ward		Willis Elison Ward
7da. Feb. 1915		

Subscribed and sworn to before me this [illegible] day of May, 1942

Nellie McGinn

Notary Public, residing at Salida Calif

My commission expires Mar 25, 1944

(Seal)

Signed L. A. Ward, Father. Ella E. Ward, mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Modesto, Calif Rt 3 Bx 622 A

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Stanislaus }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 14 day of May 1942

Nellie McGinn

Notary Public, residing at Salida Calif

My commission expires Mar 25, 1944

(Seal)

Signed Ramona H. Tanner

(Signature of Any Credible Person Other Than Previous Year)

Rt. 3 Box 621 Modesto, Calif

(Street Address, City, State)

MAY 16 1942

MAY 2 0 1949

966-216-02

PLACE OF BIRTH

Idaho

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28602

City of Stites

Registration District No. 106

File No.

No. Bridge St.

Primary Registration District No. 2184

Registered No. 85

Hospital Home

FULL NAME OF CHILD Ilov Resly Rooney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Rooney	FULL MAIDEN NAME	Maud Rooney
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconcin	BIRTHPLACE	Wife
OCCUPATION	Business Man	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was No Physician (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No midwife

J C Rooney Father
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites - Idaho

Filed Jan 30 1915 J M Verbarkmore
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G- 30m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST BIRTHDAY

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST BIRTHDAY

V33-201-025-955

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28603

Registration District No. 106 File No. ____

Primary Registration District No. 2184 Registered No. 10

FULL NAME OF CHILD Evelyn Ruth McCally

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 1 1915

FATHER		MOTHER	
FULL NAME	Charles J. McCally	FULL MAIDEN NAME	Bessie Reed
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Railroad brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeckmoes

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed March 10 1915 J. M. Verbeckmoes Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1971

469-225-025-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2860

County of Idaho

City of Kooskia

No. _____ St.

Hospital _____

Registration District No. 106 File No. _____

Primary Registration District No. 2184 Registered No. 66

FULL NAME OF CHILD Liebale Lucille Morse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Feb 25 (Month) (Day) 19

FATHER		MOTHER	
FULL NAME	Sam Morse	FULL MAIDEN NAME	Minnie E. Howard
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Kooskia (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician (Physician or midwife)

Address Kooskia — Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed March 10, 1918 J. M. Verbeck M.D. Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12

DEC 29 1958

[redacted]

[redacted]

319223.025-795

[illegible] OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 28605

Primary Registration District No. 2184 Registered No. 9

FULL NAME OF CHILD Eunice Allene Carlberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Carlberg	FULL MAIDEN NAME	Helen Green
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Carlberg

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kooskia - Idaho

Filed Jan 1915 J. M. Verbeekmoes Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

19[redacted]002-259

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28606

County of Adams

City of W. Meadows

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD James Argiris

Sex of Child M. | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth 3 (Month) 7 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Tony Argiris	FULL MAIDEN NAME Mariike Briaze
RESIDENCE W. Meadows Ida.	RESIDENCE W. Meadows Ida.
COLOR W. AGE AT LAST BIRTHDAY 38. (Years)	COLOR W. AGE AT LAST BIRTHDAY 24. (Years)
BIRTHPLACE Constantinople Turkey	BIRTHPLACE Constantinople-Turkey.
OCCUPATION Janitor.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Thomas M.D.

(Physician or midwife)

Address W. Meadows. Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar. 19 15

Registrar

S-Y CO. 24655

239-107053-7

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28613

County of Madison

City of Rexburg

Registration District No. 102 File No.

No. St.

Primary Registration District No. 2178 Registered No. 38

Hospital

FULL NAME OF CHILD Martell Klingler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	3 7 1915

FATHER		MOTHER	
FULL NAME	Christopher Klingler	FULL MAIDEN NAME	Mattie Gibson
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Feed & Livery	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 820 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 3-10 1915 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 28613

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Klingler (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 7, 1915 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Martell

Subscribed and sworn to before me this 17th day of August, 1942.

Lee Walker
Notary Public, residing at Notary Public for the State of Idaho
Residence: Idaho Falls, Idaho
My commission expires My Commission expires July 6, 1943
(SEAL)

Signed Martha Gibson Klingler
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
154 3rd St, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

AUG 25 1942

154-105-033-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28614

County of Madison

City of Salem

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 37

FULL NAME OF CHILD Orval Milton Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 5 191 5

FATHER		MOTHER	
FULL NAME	Ezra L Anderson	FULL MAIDEN NAME	Sarah A Harris
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:35 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G L Espe

M D

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-10 19 15 G L Espe Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940. E.W.

437-205-033 165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1.-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28615

Registration District No. 10 File No. .....

Primary Registration District No. 2178 Registered No. 36

FULL NAME OF CHILD Rula Ellenor McGarry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 5 1915

FATHER

FULL NAME Peter McGarry

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Flossie Jones

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living male (Born alive or stillborn) at 4 20 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G L Estes

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-10 19 15 G L Estes

..... Registrar

8-Y CO. 24655

Registrar

17/6/6 · yd.

753-126-033-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28616

County of Madison

City of Rexburg

Registration District No. 100

File No.

No. ____ St.

Primary Registration District No. 2178

Registered No. 35

Hospital La Moyne

FULL NAME OF CHILD Lamoen Lutz Peterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	2 26 1915

FATHER		MOTHER	
FULL NAME	Austen Peterson	FULL MAIDEN NAME	Edna D Lutz
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6. A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Address

Given names added from a supplemental report.

..... 19....

..... Registrar

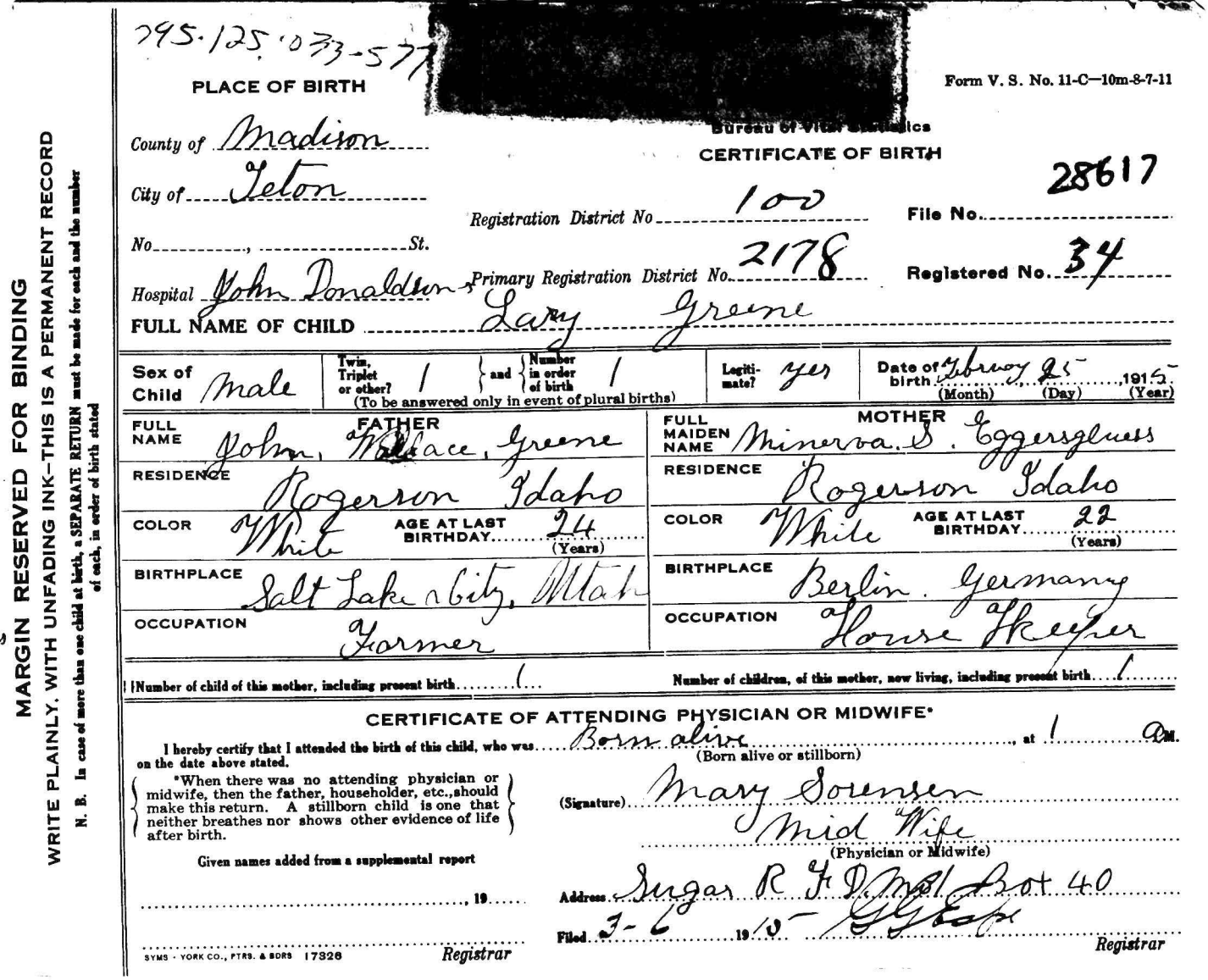
Filed 3-1 19 15 G G Estes Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



795.125.033-577 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Teton

No. ....., ... St.

Hospital John Donaldson

Registration District No. 100

Primary Registration District No. 2178

File No. 28617

Registered No. 34

FULL NAME OF CHILD Lary Greene

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	1	1	yes	February 25, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wallace Greene	FULL MAIDEN NAME	Minerva S. Eggersgluess
RESIDENCE	Rogerson Idaho	RESIDENCE	Rogerson Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Berlin, Germany
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sugar R F D No 1 Box 40

Filed 3-6 1915 G G Esp

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

753-225-033-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 28618

Primary Registration District No. 2178 Registered No. 33

FULL NAME OF CHILD Mable Pelton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	2 25 1915

FATHER		MOTHER	
FULL NAME	Hiram Pelton	FULL MAIDEN NAME	Ella Flamm
RESIDENCE	Int. Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 75 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Pa
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-10 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28618

Registration District No. 100 State File No. .....

Primary Registration District No. 2178 Local Registrar's No. 57

FULL NAME OF CHILD Mable Pelton

(Certificate of no value without full name of child)

Sex of Child F. M.

Twin / Triplet or other? } and { Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Feb. 25 1915
(Month) (Day) (Year)

What bactericidal solution was used in eyes? None.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER

FULL NAME Hiram Pelton

RESIDENCE Rexburg, Idaho.

COLOR White AGE AT LAST BIRTHDAY 74 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Flamm

RESIDENCE Rexburg, Idaho.

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Penn.

OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

.....
Registrar.

(Signature) Dr. G. E. Espie was the Physician
(Physician or midwife)

Address .....

Filed 5/20 192 7

.....
Registrar.

NOV 29 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-222-033-553

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ....., ... St.

Hospital .....

Registration District No. 100

File No. 28619

Primary Registration District No. 2178

Registered No. 32

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	Feb (Month), 22 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	John a martin	FULL MAIDEN NAME	Sarah J nelson
RESIDENCE	archer	RESIDENCE	archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	alma wyoming	BIRTHPLACE	weston Ida.
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 evening, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret a Biggs

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 2-27 1915 G G Espe

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

445-120-033-763

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ..... St.

Hospital .....

Registration District No. 100

File No. 28620

Primary Registration District No. 2178

Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male.		yes	Feb. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra T Dunn	FULL MAIDEN NAME	Della Gold
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Ida.

Filed 3-10 1915 G. G. Espe

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4151191033-854

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 28621

Primary Registration District No. 2178 Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	2 19 1913

FATHER		MOTHER	
FULL NAME	Fred S. Davis	FULL MAIDEN NAME	Maggie Hennsley
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Espe

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed 3-10 19 13 G. L. Espe

..... Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-2161033.154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 900

File No. 28622

No. ..... St.

Primary Registration District No. 2178

Registered No. 29

Hospital .....

FULL NAME OF CHILD Mary Sasaki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	2 16 1915

FATHER		MOTHER	
FULL NAME	K. Sasaki	FULL MAIDEN NAME	Shio Ando
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laberor	OCCUPATION	Laberor

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 3/4/42

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-45 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-1 1915

G G Espe

Registrar

Registrar

S-Y CO. 24655

MAR 4

JUL 20 1960

151-114-033-867

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28624

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 27

FULL NAME OF CHILD LeGrande Mark Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				2 14 191 5

FATHER		MOTHER	
FULL NAME	Hans H. Jensen	FULL MAIDEN NAME	Genevive Haystead
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3-10 19 15 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-9-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JAN 19 3 28 PM '73

Certificate No. 28624

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on Feb. 14, 1925 (Birth or Death) (Date of Event)
in Salem (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Le Grande Mark Jensen

Subscribed and sworn to before me this 19th day of
January, 1973
Notary Public, residing at Boise
My commission expires 11-20-74
(Seal)

Signed X Geneva H Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Star Route - St Anthony
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JAN 19 1973

Own childs birth certificate on file with state of Idaho gives name of father as LeGrande Mark Jensen. Child born Feb. 26, 1934 at Twin Falls, State file #225561
Viewed by VS

Certificate of Baptism and Confirmation gives name as Le Grand Jensen son of Hans W. Jensen and Geneva Hegsted born Feb. 14, 1951 at Salem,Idaho. Bpatized June 2 1923 by Aaron F. Rassmussen, L.D.S.Church
Viewed by V.S.

919-107-093-652

Form V. S. No. 11-C-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28625

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 26

FULL NAME OF CHILD Walter Mark Garner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feb. (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Mark Garner	FULL MAIDEN NAME	Rilla Webster
RESIDENCE	Rexburg, Idaho.	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	HD.

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Crismon MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Ida.

Filed 3-10 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1945

666-102 [illegible]

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 28626

Primary Registration District No. 2178 Registered No. 25

FULL NAME OF CHILD MARY HENDRY WOOD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 2, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Wood	FULL MAIDEN NAME	Elizabeth Hendry
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-10 1915 G. G. Espe Registrar

Registrar

S-Y CO. 24685

STATE OF IDAHO

FEB 7 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 28626

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mary Hendry Wood Pearson (Name on Original Certificate) who Born (Was Born or Died) on Feb. 22 1915 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on February 2nd 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Mary Hendry Wood

Subscribed and sworn to before me this 21st day of February, 1942

Rachel A. Foster

Notary Public, residing at Rexburg, Idaho.

My commission expires Aug. 6th 1943.
(Seal)

Signed Elizabeth Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

249 N. 3rd E. Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1942

Rachel A. Foster

Notary Public, residing at Rexburg, Idaho.

My commission expires Aug. 6th 1943.
(Seal)

Signed Mrs. Harvey Summers
(Signature of Any Credible Person Other Than Previous Year)

230 No. 3 East Rexburg Idaho
(Street Address, City, State)

MAR 2 1942

527-202-033-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28627

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 14

FULL NAME OF CHILD Vola-Claire Espe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	2 2 1915

FATHER

FULL NAME Geo. G. Espe

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Colo

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Viola J. Stanley

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ida

OCCUPATION .....

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-10 1915 G. G. Espe Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/28/40 L. B.

314-228:033-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28628

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 23

FULL NAME OF CHILD John Vernon Camphouse

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	Yes	Jan. 28, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Camphouse	FULL MAIDEN NAME	Lois Hill
RESIDENCE	Sugar, Ida.	RESIDENCE	P Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	HD

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Ferrismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 3-10 1915 G G Estre

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 28628

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Vernon Camphouse (Name on Original Certificate) who Born (Was Born or Died) on Jan 28, 1945 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Female	Male

Subscribed and sworn to before me this 24
day of March, 1947

Notary Public, residing at Sugar Ida

My commission expires Oct 8-1947
(Seal)

Signed Lois Camphouse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

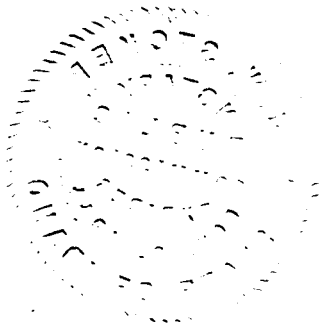
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 8 1942



366-124-033-384

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28629

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 22

FULL NAME OF CHILD Earl Cookson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	Yes	Jan. 24, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Cookson	FULL MAIDEN NAME	Edith Thurmand
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England.	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	H.D.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Idaho

Filed 3-10 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1953

693-103-009-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28631

County of Bonner

City of Vacinity Priest River

Registration District No. 81

File No.

No. St.

Primary Registration District No. 2158

Registered No. 27

Hospital

FULL NAME OF CHILD Jack Deselm Will

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes	Feb (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Will	FULL MAIDEN NAME	Hattie Harsh
RESIDENCE	Vacinity Priest River	RESIDENCE	Vacinity Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wis	BIRTHPLACE	Tenn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 630 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Denton McCarty

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Priest River

Filed Feb 10 1915

E D McCarty Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
SUPERVISOR OF VITAL STATISTICS

CERTIFICATE OF BIRTH

356-113-06-845

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28632

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Reed Hunsaker Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H S Lewis	FULL MAIDEN NAME	Harriet Hunsaker
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Story
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Burley Idaho

Filed 3-10-15 19____ Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.113.016-854

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. .....

File No. 28633

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bruce William Burt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	2 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Burt	FULL MAIDEN NAME	Phoeba Hemings
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	London Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R T Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida

Filed 3-10-15 19.....

Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.534-013.016-386

Amended 6-7-63 (Be sure the information is complete and accurate)

State File No. 28634
Local Reg. No. 262
Reg. Dist. No. 117

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther
b. (Middle): Mary
c. (Last): Eldredge

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) February (Day) 13, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): G.
c. (Last): Eldredge

8. COLOR OR RACE: White

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah, U.S.A.

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Thompson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Scotland

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. G. E. Craner

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Burley, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-1-1915

20. REGISTRAR'S SIGNATURE: Dr. J.C. Patterson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- NANCY | 22b. WEIGHT AT BIRTH | 23. ---

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 24 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Utah }

Certificate No. 28634

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Eldridge (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Esther Mary Eldredge
Child's Date of Birth	Feb. 12, 1915	February 13, 1915
Father's Full Name	Wm. Eldridge	William Eldredge Gardner

Subscribed and sworn to before me this 23rd day of May, 1963

Notary Public, residing at Provo, Utah
My commission expires May 12, 1966
(Seal)

Signed George Gardner Eldredge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

41 East 400 North, Provo, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1963

Notary Public, residing at Alameda, Calif.
My commission expires July 29, 1963
(Seal)

Signed D. Kent Matney, D.D.S
(Signature of Any Credible Person)

4200 Coolidge Ave, Oakland, California
(Street Address, City, State)

FORM DH 60-155 GL 5-17-63. one copy pd. rec.#04721.

L.D.S. Church Cert. of Blessing, April 3, 1915 gives full name as Esther Mary Eldredge, daughter of Wm. G. Eldredge and Mary T. Sinclair, born Feb. 13, 1915 at Marion, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, April 1, 1923 gives full name as Estery (Esther is written above Estery making it appear altered), daughter of William G. Eldredge and Mary T. Sinclair, born Feb. 13, 1915 at Marion, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Dec. 4, 1949 gives full name as Linda Decker, daughter of Carl Hatch Decker and Esther Mary Eldredge, born Dec. 1, 1941 at Oakland, California - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 28634

Primary Registration District No. 2196 Registered No. 262

FULL NAME OF CHILD —

Sex of Child: Female	~~Twin Triplet or other?~~ and Number in order of birth: 1st (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Feb (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm E Eldridge	FULL MAIDEN NAME	Mary Thompson
RESIDENCE	Burley Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah. U.S.A.	BIRTHPLACE	Scotland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Cramer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 3-15-15 19..... Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO

PLACE OF BIRTH

JUN 7 1963

381-104(016-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28635

County of Cassia

City of Elba

No. ..... St.

Hospital Home

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 263

FULL NAME OF CHILD L Mont T. Chandler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		3	Yes	Jan 4 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Chandler	FULL MAIDEN NAME	Dora Savage
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Elba at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nate Leavitt

midwife
(Physician or midwife)

Address Elba Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 17 4 57 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28635

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chandler (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 4, 1915 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on L Mont Thomas Chandler (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	L Mont Thomas Chandler
L MONT THOMAS CHANDLER BORN JAN 4 1915 ELBA IDA.	FATHER EUGENE CHANDLER MOTHER DORA SAVAGE	WARD RECORD NO #76

Subscribed and sworn to before me this 17 day of January, 1973

Notary Public, residing at Am Falls, Idaho

My commission expires 4-3-76

(Seal)

Signed L Mont Thomas Chandler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1973

NOTARY PUBLIC OF IDAHO
Residing at Pocatello
My Commission Expires 3-25-77

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Shaun Cameron
(Signature of Any Credible Person)

1706 Bench Rd Pocatello Ida.
(Street Address, City, State)

FORM DH 60-155 CL 11/9/72 NM

Certificate of Ordination ✱ in the Aaronic Priesthood gives name asLMont T. - Chandler. Dated July 5, 1964. Signed by. David Dye, Bishop. Viewed by V. S.

AUG 22 1973

Certifieate of Ordination to the holy Priesthood gives name as Lmont T. Chandler. Was ordained a Deacon. Dated Feb. 5, 1928. Viewed by V. S.

654-205-016-8X3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28636

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 264

FULL NAME OF CHILD Mary Viola Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Feb. 5th 1915

FATHER		MOTHER	
FULL NAME	J. D. Ferguson	FULL MAIDEN NAME	Amy Hutchens
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-1-15 19..... Dr. J. C. Patterson Registrar

E-Y CO. 24695

SEP 16 1964

349-108-016-239

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28637

Registration District No. 117 File No. _____

Primary Registration District No. 2196 Registered No. 265

FULL NAME OF CHILD William Henry Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	2-5-15 1915

FATHER		MOTHER	
FULL NAME	W. H. Curtis	FULL MAIDEN NAME	Matilda Stratford
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-1-15 19____ Dr. J. C. Patterson Registrar

S-Y CO. 24655

IN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD

e of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

815-211016-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28638

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 266

FULL NAME OF CHILD Verma Ester Hanna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2-11-15, 191...

FATHER		MOTHER	
FULL NAME	G. D. Hanna.	MAIDEN NAME	Edna Smith
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn.	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26.
		BIRTHPLACE	Idaho.
		OCCUPATION	House

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19...

Filed 3-1-15 19... Dr. J. C Patterson Registrar

..... Registrar

S-Y CO. 24698

693-228016-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28639

Registration District No. 117 File No. _____

Primary Registration District No. 2196 Registered No. 267

FULL NAME OF CHILD Thelda Estella Orchard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes.	2-28-15 191

FATHER		MOTHER	
FULL NAME	A. G. Orchard	FULL MAIDEN NAME	Marian Doff
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.40 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Ida.

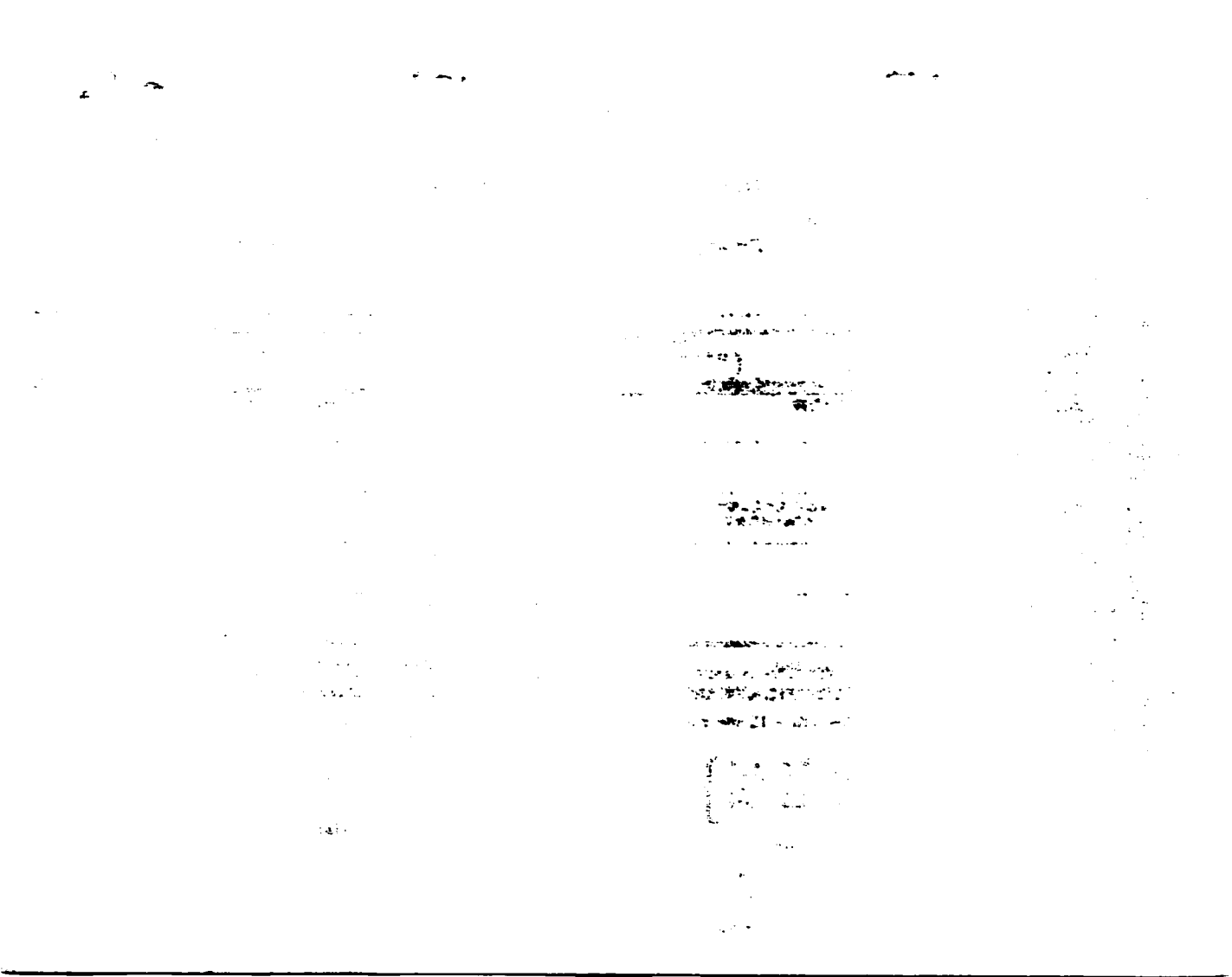
Filed 3-1-15 19__ Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Cassia

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 18 10 56 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 28639

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Orchard (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 28, 1915 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1915 June 30 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thelda Estella Orchard

Subscribed and sworn to before me this 11 day of Jan, 1977

Gary H. Gunter
Notary Public, residing at McCammon, Id
My commission expires 1-14-78
(Seal)

Signed x Cleyone Dana
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 232 Tracy, Ca. 95376
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Jan, 1977

Gary H. Gunter
Notary Public, residing at McCammon, Id
My commission expires 1-14-78
(Seal)

Signed x Evalean Stokes
(Signature of Any Credible Person)

1731 Sunny Ave, Eureka Ca. 95501
(Street Address, City, State)

FORM DH 60-155 CL 12/13/76 nm

Certif of Blessing from the LDS Church gives name as Thelda Estella Orchard , daughter of Alvin G. Orchard and Marion Topp. Born Feb 28, 1915 at Burley, Idaho. Blessed May 2, 1915. viewed by V. S.

JAN 2 7 1977

Certif of Baptism and Confirmatin from the LDS Chruch gives nameas Thelda Estella Orchard daughter of Alvin G. Orchard and Marian Jane Dopp. born Feb 28, 1915 at Burley, Idaho. Baptized June 30, 1923. viewed by V. S.

315-216-016-693

Form V. S. No. 11-C—25m-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28640

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 268

FULL NAME OF CHILD Elaine Cannie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F.				yes	Feb 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Cannie	FULL MAIDEN NAME	Irene Williams
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Indiana	BIRTHPLACE	Cal.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report. ..... 19.....

Filed 3-1-15 19..... Ida. J. C. Patterson Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

23-221:016-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28641

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 269

FULL NAME OF CHILD Martha Esther Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	2-21-15 191...

FATHER		MOTHER	
FULL NAME	David Walker	FULL MAIDEN NAME	Millie Grewell.
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

319-026-016-811

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 28642

Primary Registration District No. 2196 Registered No. 270

FULL NAME OF CHILD JUNE ELAINE Carson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Feb 26 1915

FATHER		MOTHER	
FULL NAME	B. O. Carson	FULL MAIDEN NAME	Virginia Haag
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Filed 3-1-15 19..... Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24655

JAN 15 1958

219-218-1016-643

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28643

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2194 Registered No. 271

FULL NAME OF CHILD Vera Iola Bartlett ~~Bartlett~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb. 18th 1915

FATHER		MOTHER	
FULL NAME	M. P. Bartlett	FULL MAIDEN NAME	Allie Patterson ~~th~~
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Penn.
		OCCUPATION	

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.50a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Filed 3-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 28643

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bartlett (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1915 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible + Baptism record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 12, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vera Iola Bartlett

Subscribed and sworn to before me this 12th day of January, 1966

James R. Barnhart

Notary Public, residing at Twin Falls, Idaho

My commission expires 11-1-68

(Seal)

Signed Milus P. Bartlett Parent

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1966

James R. Barnhart

Notary Public, residing at Twin Falls, Idaho

My commission expires 11-1-68

(Seal)

Signed Lemial Ireland Bartlett

(Signature of Any Credible Person)

343-2nd ave West Twin Falls, Idaho

(Street Address, City, State)

FORM DH-60-155

CL 1-5-66. one copy pd. rec. #4795.

Own Child's Birth Cert. on file: (Idaho Birth) #446167 gives full maiden name of mother as Vera Iola Bartlett - viewed by V.S.

MAR 4 1966

L.D.S. Church Family Record Sheet, gives one child's full name as Vera Iola Bartlett, born Feb. 18, 1915 at Marion, Idaho - married Mearl Raymond Meta, Jan. 30, 1937 - baptized June 3, 1923 - viewed by V.S.

468-2[illegible]016-619

PLACE OF BIRTH

Form V. S. No. 11-B-25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 28644

Primary Registration District No. 2196 Registered No. 272

FULL NAME OF CHILD Hazel Roylance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F.			yes	2-14-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Harvey Roylance	FULL MAIDEN NAME	Eliza Ward
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Filed 3-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1959

312-228 1040-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Amended 3/19/[redacted]

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Registration District No. 122 File No. 28645

Primary Registration District No. 2200 Registered No. 21

FULL NAME OF CHILD BERNICE E. LAKE

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	nil	yes	Febr 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chauncey Lake	FULL MAIDEN NAME	Grace Seifert
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dis Mowary

Physicians

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Wallace Ida

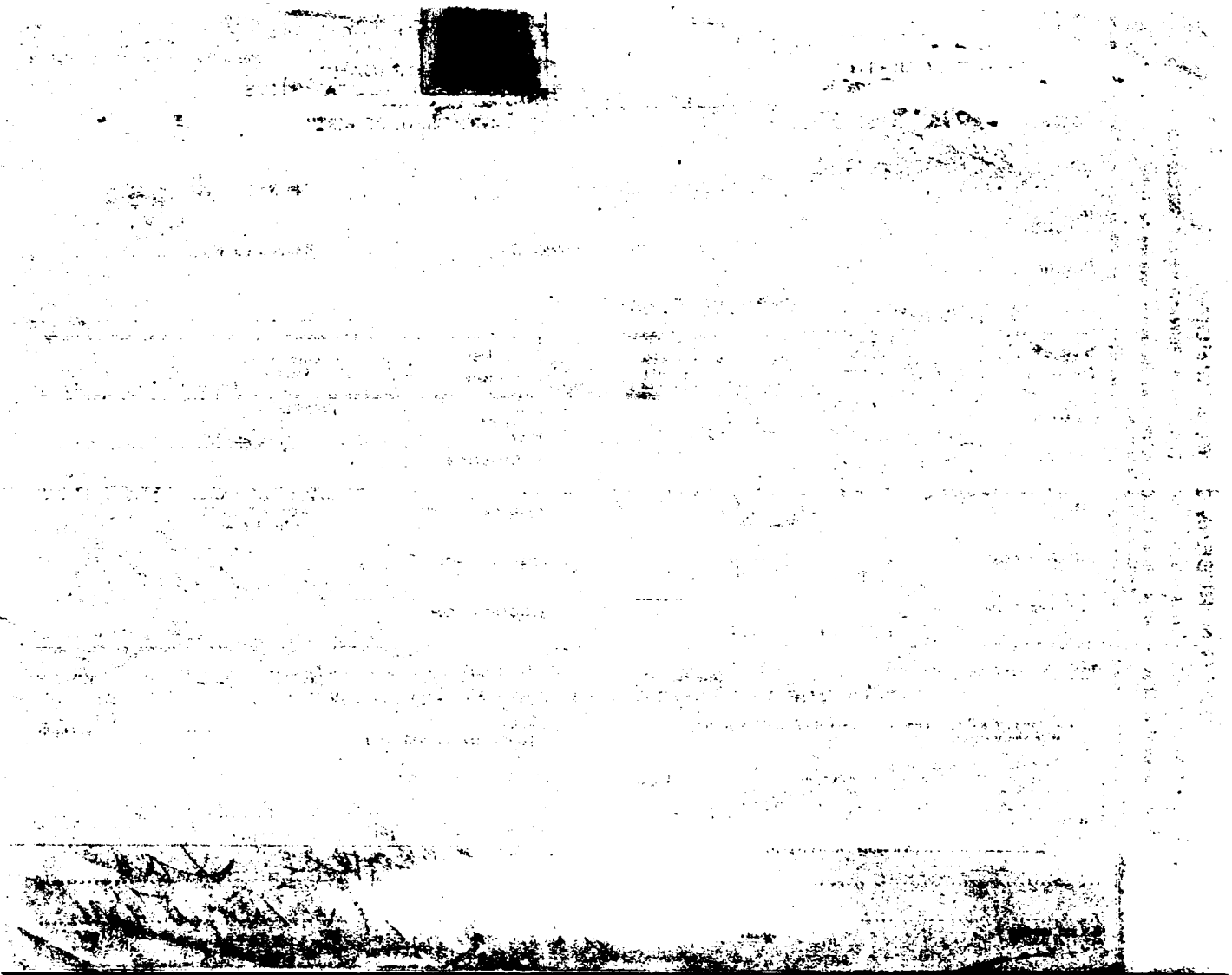
..... Registrar Filed 2/28 1915 H C Mowary Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



3-31-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of Washington
County of Spokane

RECEIVED
APR 6 1971
Bureau of Vital Statistics

Certificate No. 28645

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lake (Name on Original Certificate) born (Was Born or Died) on Feb. 28, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School Record & Dr's Record (Bible Record, Insurance Policy, Etc.) prepared on 4/5/71 2/1/60 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Bernice E Lake

Subscribed and sworn to before me this 5th day of April, 19 71

Signed Harold D Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Spokane

My commission expires 2-12-72
(Seal)

w 3216 Riverview Dr
(Street Address, City, State)
Spokane Wn. 99205

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155

School Record issued by North Central High School, Spokane, Washington 99205
gives name as Bernice E. Lake born Feb. 28, 1915. Graduated Jan 27, 1938.
Viewed by V.S.

Statement from Attending Physician and from his records states that APR 6 1971
Bernice E. Lake was born to Chauncey Lake and Grace Seifert. Statement
issued Feb. 1, 1960. Signed by H. C. Mowery, M.D. Attending Physician.
Viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 5 9 57 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28645

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lake (Name on Original Certificate) who born (Was Born or Died) on February 28, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Medical record -school (Bible Record, Insurance Policy, Etc.) prepared on February 1, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bernice E. Lake
Mother's Maiden Name	Grace Seifert	Grace Siefert

Subscribed and sworn to before me this 21st day of February, 1974

Claire Chapman

Notary Public, residing at Spokane Wn.

My commission expires 2-10-77

(Seal)

Signed Caroline P. MacGown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3128 N Ash Spokane Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1974

Claire Chapman

Notary Public, residing at Spokane

My commission expires 2-10-77

(Seal)

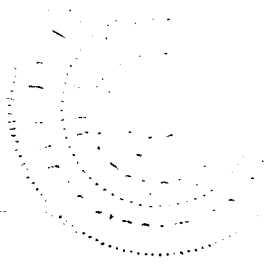
Signed Irwin C Stewart
(Signature of Any Credible Person)

2608 Riverview Drive Spokane Wash. 99205
(Street Address, City, State)

FORM DPH 55.155 CL 1-28-60. nm

Letter from H. C. Mowery, M.D. dated Feb. 1, 1960 gives name as Unnamed Lake born 2-28-1915. born to Chauncey Lake and Seifert. Viewed by V. S. MAR 19 1974

Letter from John P. Rodkey, Printipal of North CentrlHigh School, Spokane, Washington, gives name as Bernice Lake. birth date as Feb. 28, 1915. Graduated from North Central High Schook, Jan. 27, 1938. Viewed by V. Sl



168-2111040-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. — St.

Hospital —

Registration District No. 122 File No. 28646

Primary Registration District No. 2200 Registered No. 20

FULL NAME OF CHILD

Sex of Child F	Twin Triplet or other? One and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Johnson	FULL MAIDEN NAME	Dena Larson
RESIDENCE	near Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida

19

Filed 2/28 1915 H. C. Mowery
Registrar

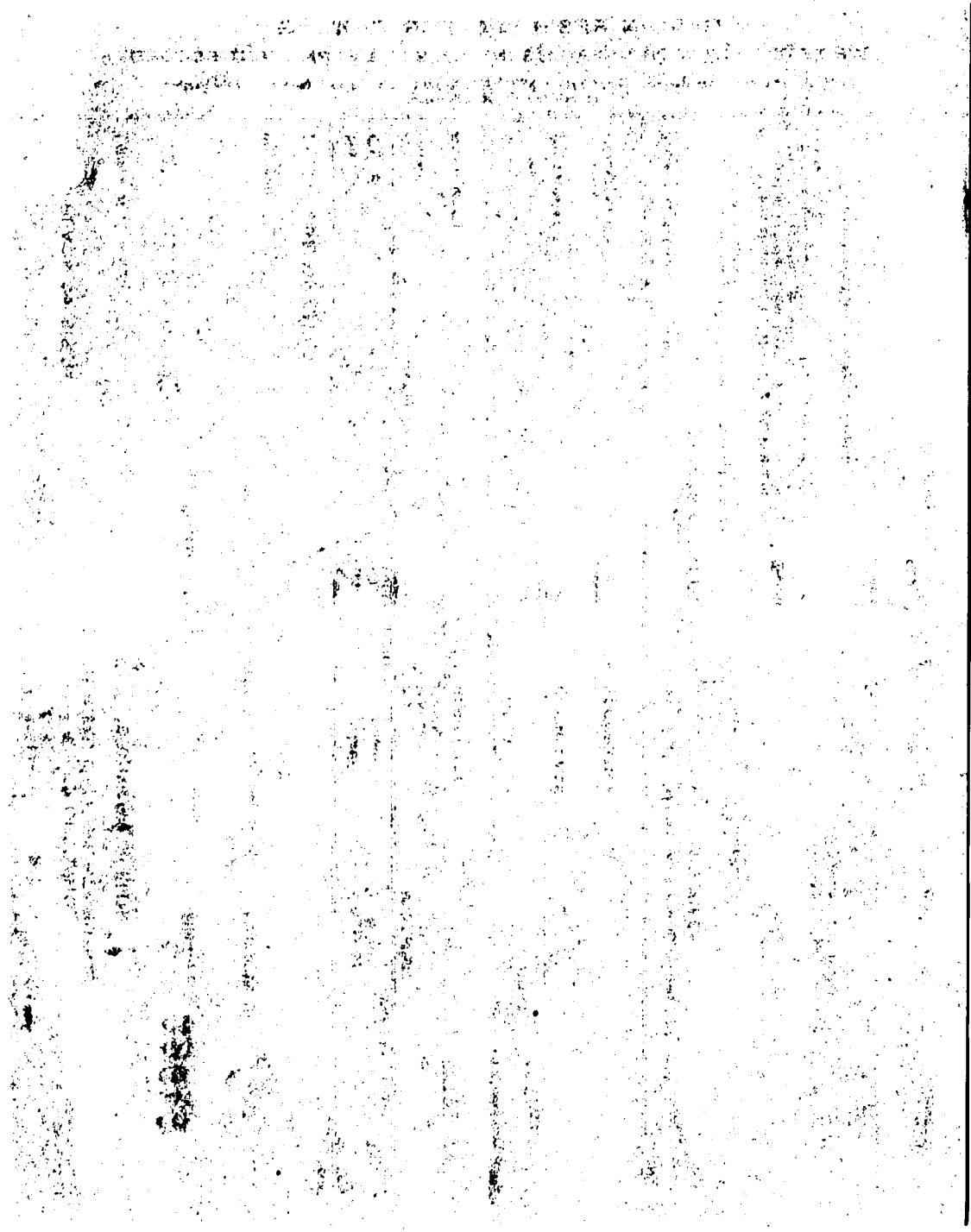
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-125 1040-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 28647

Primary Registration District No. 2200 Registered No. 19

FULL NAME OF CHILD Edward Jr Simonich

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	One	1st	Yes	Feb 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Simonich	FULL MAIDEN NAME	Anna Simonich
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Montana
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Wallace, Ida.

Filed 2/28 1915 J. H. Mowery
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-109-060-365

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED August 9, 1947

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 28648

Primary Registration District No. 2200 Registered No. 18

FULL NAME OF CHILD George William Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 9, x1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Edward Reuben Nelson	FULL MAIDEN NAME: Anna Long
RESIDENCE: Wallace	RESIDENCE: Wallace
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Sweden
OCCUPATION: Millman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Mowery

Physician (Physician or midwife)

Address Wallace, Ida.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

Filed 2/15 192x1915 H. C. Mowery Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28648

Registration District No. 122 File No.

Primary Registration District No. 2200 Registered No. 18

FULL NAME OF CHILD Reuben Nelson Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	one	3rd	yes	Feb 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Reuben Nelson	FULL MAIDEN NAME	Anna Long
RESIDENCE	near Wallace	RESIDENCE	Wallace
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Sweden
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:15 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed 2/15 1915 H. S. Mowery

Registrar Registrar

S-Y CO. 24655

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

Copy

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State ..... (b) County
(c) City
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (for registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George & William Nelson

5. DATE OF BIRTH (Month, day, year) Feb 9/1915

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

FATHER OF CHILD

10. FULL NAME Edward Reuben Nelson

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Redwing Minn. (City or Town) (State or foreign country)

14. Exact Occupation Foundry man

15. Industry or Business Iron Works

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Nathle Fand

17. Color or Race W

18. Age at time of THIS birth 34 yrs.

19. Birthplace ..... (City or Town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes ..... No X Approximate date

23. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by Father Edward R Nelson (First name) (Last name), who is related to this child as Father (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature H. Mowery, M.D. (D.O., Midwife, etc.)
and address Wallace Ida Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

Name Added 8/14/74
433-203-040-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 122

File No. 28649

No. ..... St.

Primary Registration District No. 2200

Registered No. 17

Hospital .....

FULL NAME OF CHILD Margaret Mary McCann

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	4th	yes	Feb 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. J. McCann	FULL MAIDEN NAME	Belle Shannon
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Mowery

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace, Ida.

Filed Feb 15 1915 H. Mowery

..... Registrar

..... Registrar

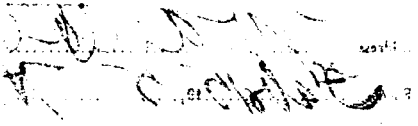
8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1968



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28649

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McCann (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1915 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Margaret Mary McCann

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
Aug, 1974

F. Clarence Cartright
Notary Public, residing at Boise
My commission expires 1-20-78
(Seal)

Signed [signature] (Signature of Any Credible Person)

2202 Bodlawn Boise (Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with Idaho gives name of mother as Margaret Mary McCann. Child born ~~Oct~~ Aug 8, 1941 at Wallace, Certificate # 322750.
Viewed by V.S

AUG 14 1974

Marriage license and certificate #113981, Shoshone County, Idaho dated May 25, 1940 gives Margaret Mary McCann married to William J. Murphy filed on June 12, 1940 in Book 14 of marriage on page 159 W. H. Hoover, County Recorder.--viewed by V.S.

276-110-038-446

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
[illegible]

[illegible]-2-15-12

County of Kootenai

City of Atlas

Registration District No. 12

File No. 28650

No. ..... St.

Primary Registration District No. 2051

Registered No. 762

Hospital .....

FULL NAME OF CHILD Harry Thomas Stonestreet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe E. Stonestreet	FULL MAIDEN NAME	Eva Duffing
RESIDENCE	Atlas	RESIDENCE	Atlas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Michigan
OCCUPATION	River Captain	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 611 Garden Ave Coeur d'Alene Ida

Filed 3/10 1915 D D Drennan Registrar

..... Registrar

R-Y CO. 20174

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.RGIN RESERVED FOR BINDING

PLACE OF BIRTH

County of

OCT 4 1971

413.202-028-9892

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 4 W. 833 St.

Hospital

Registration District No. 17 File No. 28651

Primary Registration District No. 1003 Registered No. 761

FULL NAME OF CHILD Marjorie Leonora Mack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 2 1915

FATHER		MOTHER	
FULL NAME	Guy Nathaniel Mack	FULL MAIDEN NAME	Cora Russell
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Book Keeper	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M.D.

(Physician or midwife)

Address 611 Garden Ave C. d'A.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/10 1915 D D Drennan
Registrar

8-Y CO. 20174

SIGN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANE
Case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

AUG 1 1945

259-026-028-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28652

County of Kootenai

City of Coeur d'Alene

No. 317 Wallace St.

Registration District No. 12 File No.

Primary Registration District No. 1008 Registered No. 772

Hospital

FULL NAME OF CHILD Ruth Knisley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 26 1913

FATHER		MOTHER	
FULL NAME	Lee Roy Knisley	FULL MAIDEN NAME	Edith Loop
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. the date above stated.

(Signature) Alexander Cairns M.D.

(Physician or midwife)

Address 611 [redacted] Coeur d'Alene

Filed 3/10 [redacted]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD

FEB 9 1973

466-119-028 -296

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28653
Local Reg. No.
Reg. Dist. No. - 12

Amended 12/28/77

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McGuire
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McGuire
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Glenn
b. (Middle): E.
c. (Last): Moore

4. SEX: Boy
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): February 19, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Edward
b. (Middle): E.
c. (Last): Moore

8. AGE (At time of this birth): 54 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lottie
b. (Middle):
c. (Last): Brown

13. AGE (At time of this birth): 34 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Rathdrum
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 3/10/15
22. REGISTRAR'S SIGNATURE: D. D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY Time: 12 AM

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 5 3 08 PH '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 28653

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth & c.m. (Birth or Death)
for Edward Sr. Moore (Name on Original Certificate) who was born (Was Born or Died) on Feb 19, 1915 (Date of Event)
in McGuire, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Edward Sr. Moore	Glenn Ellsworth Moore

Subscribed and sworn to before me this 2nd day of December 19 77

Notary Public, residing at Spokane

My commission expires 6-19-79

(Seal)

Signed Glenn Ellsworth Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December 19 77

Notary Public, residing at Spokane

My commission expires 6-19-79

(Seal)

Signed Elda M. Clark
(Signature of Any Credible Person)

1112 N. Chelan Rd
(Street Address, City, State)
Spokane, Wa. 99206

FORM DH 60. 155

CL 11/25/77 lccpd

Thriticheck Service application from the ~~ONB~~ Old National Bank, Spokane, Washington for Edna M. Moore and Glenn E. Moore. dated May 21, 1952. viewed by V. S.

Insurance policy from The Mutual Benefit Life Insurance Co. of Newark, New Jersey gives name as Glenn E. Moore. dated April 18, 1940. viewed by V. S.

466-119-028-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of McGuire

No. ..... St.

Hospital .....

Registration District No. 12

File No. 28653

Primary Registration District No. 2051

Registered No. 771

FULL NAME OF CHILD Edward Sr. Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Bay		yes	Feby 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward E Moon	FULL MAIDEN NAME	Lottie Brunn
RESIDENCE	McGuire	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Hr

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Greenman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 3/10 1915 S. D. Greenman Registrar

Registrar

S-Y CO. 20134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 8 1977

APR 2 8 1976

766-2051028-493

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fontenac

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12

File No. 28654

Primary Registration District No. 2051

Registered No. 770

FULL NAME OF CHILD Viola Wilda Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Powell	FULL MAIDEN NAME	Ella Dillon
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill.
OCCUPATION	Lubo	OCCUPATION	Hw

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Rathdrum

Filed 3/10 1915 D. D. Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28854

PLACE OF BIRTH

294-219028-3

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Post-Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28655

Registration District No. 14 File No. _____

Primary Registration District No. 2051 Registered No. 769

FULL NAME OF CHILD Mavis Brugger

Sex of Child F.-M.	~~Twin Triplet~~ or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Feb. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Lee Brugger.	FULL MAIDEN NAME	Nell May Ellis
RESIDENCE	Post-Falls	RESIDENCE	Post-Falls
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	State of Washington	BIRTHPLACE	Minnesota
OCCUPATION	General Merchandise	OCCUPATION	H's-wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address _____

Filed 3/10 1915 D. D. Drennan Registrar

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

386215028-764

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenia

City of Post Falls, Ida.

Registration District No. 17 File No. 28656

No. ..... St.

Primary Registration District No. 2057 Registered No. 768

Hospital .....

FULL NAME OF CHILD Addie Stella Lyons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F. Male	1	1	yes.	Feb. 15 1915

FATHER		MOTHER	
FULL NAME	Leverett M. Lyon	FULL MAIDEN NAME	Florence M. Pomeroy
RESIDENCE	Rural Post-Falls.	RESIDENCE	Rural Post-Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	St. Joe New Brunswick	BIRTHPLACE	Erie County Pennsylvania
OCCUPATION	Dairyman and Rancher	OCCUPATION	Hs. wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.15 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3/10 1915

..... Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-228-028453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12 File No. 28659

Primary Registration District No. 2051 Registered No. 765

FULL NAME OF CHILD Virginia Scarcello

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Febry 28. 1915

FATHER		MOTHER	
FULL NAME	Frank Scarcello	FULL MAIDEN NAME	Angelina De Luca
RESIDENCE	Rathdrum R.R. #2	RESIDENCE	~~Italy~~ Rathdrum R.R. #2
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.06 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida.

Filed 3/10 1915 D D Freeman
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 3 1942

762-210-028-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12 File No. 28660

Primary Registration District No. 2051 Registered No. 764

FULL NAME OF CHILD Emma Jane Post

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Febry 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Post	FULL MAIDEN NAME	Tacy Bartelson
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Pa.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3. 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wesy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida.

Filed 3/10 1915 D D Freeman Registrar

S-Y CO. 24658

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/29/41. w.h.

335-209-028-643

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. _____ St.

Hospital _____

Registration District No. 14 File No. 28661

Primary Registration District No. 2051 Registered No. 763

FULL NAME OF CHILD Echo Cleveland

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feby. (Month) 7. (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Grover H. Cleveland	FULL MAIDEN NAME	Clive Fuller
RESIDENCE	Athol, Ida.	RESIDENCE	Athol, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mich.
OCCUPATION	teamster	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Venz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Ida.

Filed 3/10 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1973

819-104-040-532

[redacted] Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28662

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 7

FULL NAME OF CHILD Kenneth — Harris

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2 4 1915

FATHER		MOTHER	
FULL NAME	Earl W. Harris	FULL MAIDEN NAME	Mary Anna Eck
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:22 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Filed Feb 10 1915 F. Leo Quinley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

PLEASE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 3 1950

OCT 16 1975

659-209-040-145

PLACE OF BIRTH

County of Shoshone

City of

No. , St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 70

File No. 28663

Primary Registration District No. 1011

Registered No. 8

FULL NAME OF CHILD Victoria Peila

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 9th 1914

FATHER		MOTHER	
FULL NAME	Peter Peila	FULL MAIDEN NAME	Rolandelli-Amelia
RESIDENCE	Burke	RESIDENCE	Burke Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tuesday Feb 9

C. S. Shore M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Feb 13 1915 F. Leo Tumley

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP 081915--88883

169-119-040-316

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. 28664

Primary Registration District No. 1011

Registered No. 9

FULL NAME OF CHILD George Samuel Gorgenson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	2 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Gorgenson	FULL MAIDEN NAME	Olive Lawrence
RESIDENCE	Gem, Idaho	RESIDENCE	Gem, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Alabama
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 23 1915 F. Lee Tuesday Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 8 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-2221040-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. _____ File No. 28665

No. _____ St.

Primary Registration District No. _____ Registered No. 10

Hospital Providence

FULL NAME OF CHILD Katherine

Sex of Child Female | Twin Triplet or other? One | and | Number in order of birth 2nd | Legitimate? Yes | Date of Birth Feb 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pat Moran	FULL MAIDEN NAME	Margaret McKeague
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 20 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howard

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida.

_____ 19__

Filed Feb 28 1915 F. Leo Tennery

Registrar

Registrar

6-Y CO. 24655

469-124-040-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 28666

Primary Registration District No. 1011 Registered No. 11

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 24 1915

FATHER		MOTHER	
FULL NAME	Fred R. Morgan	FULL MAIDEN NAME	Celia Kornfeld,
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Buda Pesth, Hungary
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 28 1915 F Leo Tuesday

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 5 1968

685-225-040-249

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28667

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 12

FULL NAME OF CHILD Doris Louise Wheeler

Sex of Child F | Twin, Triplet or other? One | and Number in order of birth 2nd | Legitimate? Yes | Date of Birth Feb 25 1916
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER

FULL NAME Fred A Wheeler

RESIDENCE Burke Ida

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Mo.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Dolly Smith

RESIDENCE Burke, Ida.

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 p.m. on the date above stated.
(Born alive or stillborn)

(Signature) D R Mowery

Physician
(Physician or midwife)

Address Wallace, Ida.

Filed Feb 28 1916 — F Leo Dunlap
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

B-Y CO. 24455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

1961 8 NOV

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 1 1943

State File No.
Local Reg. No. 52
Reg. Dist. No. 0140

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Wallace
   (c) Street address or R. F. D. No. Cameron Ave
   (d) Name of Hospital or Maternity Home: Providence Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   ..... Same
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Doris Louise Wheeler

5. **DATE OF BIRTH** (Month, day, year) Feb. 25 - 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Wheeler

11. Color or Race W

12. Age at time of THIS birth 25 yrs.

13. Birthplace ..... Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Emma Smith

17. Color or Race W

18. Age at time of THIS birth 22 yrs.

19. Birthplace ..... Missouri
(City or Town) (State or foreign country)

20. Exact Occupation H W J

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 6.30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Della Wheeler (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Was a standard serological test for syphilis performed?
Yes ..... No ....., Date sample taken .....

26. (a) Sep 27-43 (Date received) (b) Thos Bonn (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Fred Wheeler M. D. (D. O., Midwife, etc.)
and address Wallace Ida

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No ..... Pos..... Neg.....

(e) Signature of Physician:

.....

152-127040-799

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted]ATE OF IDAHO

[redacted]ureau of Vital Statistics

[redacted]ERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Hope

File No. 28668

Registered No. 13

Primary Registration District No. 1011

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Allan Burt Jessup, PERRY A. B. JESSUP

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	2 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Burt Jessup	FULL MAIDEN NAME	Edith Pierson
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:43 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Feb 28 1915 F. Leo Turner Jr.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1 1962

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON
County of KING } ss.

Certificate No. 28668
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Allen Burt Jessup (Name on Original Certificate) who was born (Was Born or Died) on February 27, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MILITARY SERVICE RECORDS. (Bible Record, Insurance Policy, Etc.) prepared on 4 YRS OR MORE (AGO) (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Allan Burt Jessup	Perry A. B. Jessup

Subscribed and sworn to before me this 26th day of June, 1945.
Notary Public residing at Seattle, Wash.
My commission expires Mar 26, 1949
(Seal)

Signed X Edyth Jessup Parks
Mother (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7037 Earl nw Seattle Wash (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of KING } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June, 1945
Notary Public residing at Seattle, Washington
My commission expires Mar 26, 1949
(Seal)

Signed X [redacted]
(Signature of Any Credible Person)
Maxine O Love
Aunt (Street Address, City, State)
7037 - Earl n.w.
Seattle Wash

JUN 2 8 1945

619-102-036-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28678

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

Primary Registration District No. 2069

File No. _____

Registered No. 9

FULL NAME OF CHILD Kenneth Morris Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	1 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Ward	Mary Morris
RESIDENCE	Malad	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	18	18
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Student	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-3 1912

D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1976

235-103-036-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28680

Primary Registration District No. 2069 Registered No. 10

FULL NAME OF CHILD La Mar Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	1 3 1915

FATHER		MOTHER	
FULL NAME	Daniel Stephens	FULL MAIDEN NAME	Evaline Hansen
RESIDENCE	Malad RFD #1	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad City Idaho

Filed 2-3 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-106076-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 28681

Primary Registration District No. 2069 Registered No. 11

FULL NAME OF CHILD John Gerald Madson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 6 1915

	FATHER	MOTHER
FULL NAME	John Madson	FULL MAIDEN NAME Anna Clark
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Malad Ida
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P M on the date above stated.

(Signature) J. F. Nelson

(Physician or midwife)

Address Malad

Filed 1/10 1915 D. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

816-122-036-799

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 28682

Primary Registration District No. 2069 — Registered No. 17

FULL NAME OF CHILD FARRELL HAWKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	1 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ephriam Hawkins	Raechel Griffiths
RESIDENCE	Malad	Same
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 31	white / 29
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-3 1915 D C Ray Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 28682

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 23 Jan. 1915 (DATE OF EVENT)
in Malad Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Farrell Hawkins

Subscribed and sworn to before me this 6th
day of March, 1943.
John H. McAllister
Notary Public, residing at Malad, Idaho
My commission expires District Court
(SEAL)

Signed Thomas M. Griffiths
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Malad, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 9 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-17-036-415

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 28683

Primary Registration District No. 2069 Registered No. 13

FULL NAME OF CHILD Leo William Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	1 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Smith	Lucy Davis
RESIDENCE	Malad R F D 1	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-3 1913 D C Ray Registrar

S-Y CO. 24655

JUL 28 1955

847-126-036-155

Child's name & sex amended 5-15-89 MCM

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28684

Primary Registration District No. 2069 Registered No. 14

FULL NAME OF CHILD RAMONA Hughes

Sex of Child FEMALE

Twin, Triplet or other? _____ and Number in order of birth _____
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 1 (Month) 26 (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME James R Hughes	FULL MAIDEN NAME Elizabeth Jenkins
RESIDENCE Malad R F D # 1	RESIDENCE same
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idu
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1405 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) D C Ray MD
(Physician or midwife)

Address Malad City Ida

Filed 2-3 19 15 D C Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

8-Y CO. 24655

4-26-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

RECEIVED

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

MAY 0 3 1989 NM

VITAL STATISTICS UNIT

Certificate No. 28684
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Hughes (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 26, 1915 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Hughes	Ramona Hughes
Child's sex	Male	Female

Subscribed and sworn to before me this 1st day of May, 1989.

X Notary Public, [signature]
Residing at Malad, Idaho
My commission expires 2/17/93
(Seal)

X Ramona Jones
Signature of Applicant

X 179 North Main Malad, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Individual Award shows Ramona Jones a member of Young Women's MIA and received an achievement award 1960-1961. Viewed by VS.

MAY 15 1989

UT MARRIAGE certificate shows William Clifford Jones & Ranoma Hughes were married Aug 20, 1938 in Ogden, UT and sealed Jan 24, 1951 by Lewis Hunsaker in the Logan temple. Viewed by VS.

386-227-036-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28685

Primary Registration District No. 2069 Registered No. 15

FULL NAME OF CHILD OLIVE Thomas

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: 1 (Month) 27 (Day) 1913 (Year)

FATHER

FULL NAME: Reese W Thomas

RESIDENCE: Malad

COLOR: wh AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Ida

OCCUPATION: laborer

MOTHER

FULL MAIDEN NAME: Enid Peabody

RESIDENCE: same

COLOR: wh AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ida

OCCUPATION: housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-3 1913 D. C. Ray Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 28685

Date Filed Dec. 21, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Olive Thomas (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 27, 1915 (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Olive Thomas

Subscribed and sworn to before me this 21st day of December, 19 42

Marion E. Orr
Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs. Rees Thomas
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

_____
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____
(SEAL)

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

_____
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

DEC 21 1962

693-228-236-856

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28686

Primary Registration District No. 2069 Registered No. 16

FULL NAME OF CHILD Cora Wilson

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 1 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George G. Wilson	FULL MAIDEN NAME	Myra Heward
RESIDENCE	Malad Ida	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 25 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Ida

Filed 2-3 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1971

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-203-036-469

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 28690

Primary Registration District No. 2069 Registered No. 20

FULL NAME OF CHILD Anna M Stocking

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Four	Yes	Jan 3 1915

FATHER		MOTHER	
FULL NAME	George Ingus Stocking	FULL MAIDEN NAME	Nellie Morgan
RESIDENCE	Malad City	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Liverpool England
OCCUPATION	Farmer	OCCUPATION	General House Worke

Number of child of this mother, including present birth Three. Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive (Born alive or stillborn) Jan 3d 1915, at 11—22 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

Mrs. Mary E. Babington Brooke (Physician or midwife)

Address Malad Idaho

Filed 1/5 19 15 D. C. Kay Registrar

S-Y CO. 20174

1915-

Dup of De53-337

551-108-036-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28691

Primary Registration District No. 2069 Registered No. 21

FULL NAME OF CHILD Lyda Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Five	yes	Jan 8th 1915

FATHER

FULL NAME: Charles Evans

RESIDENCE: Marsh Valley Ida

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Marsh Valley Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Owens

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Malad Idaho

OCCUPATION: General House Worke

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Jan 8 1915, at 4-35 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

Mrs. Mary E. Boling Cook (Physician or midwife)

Address Malad Ida

Filed 2/5 1915 D C Clay Registrar

8-Y CO. 20174

753-111-036-344

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28692

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard Peck	FULL MAIDEN NAME	Julia Campbell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Weston Ida
OCCUPATION	Retired	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 2/7 1915 D Ray Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-113-036-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28693

Primary Registration District No. 2069 Registered No. 73

FULL NAME OF CHILD NORVEL HESS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis M Hess	FULL MAIDEN NAME	Gertrude Blaisdell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	~~Utah~~ Albion Idaho	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 2/4 1915 D Kay
Registrar

Registrar

S-Y CO. 24658

WRITE PLAINLY WITH UNFADING INK—THIS IS A ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 4 ...
County of Oneida }

Certificate No. 28693

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Norvel Hess (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 12 1915 (DATE OF EVENT)
in Malad (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Norvel Hess
name of mother	Gertrude Blasedell	Gertrude Blaisdell

Subscribed and sworn to before me this 2nd
day of February, 19 42.
John D. McAlister
Notary Public, residing at Malad Idaho
My commission expires Clerk of the District Court
(SEAL)

Signed Mrs. Gertrude Jones mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Malad City Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By Norvel Hess
(REGISTRAR'S SIGNATURE)

695-213-036-4[redacted]

[redacted]-C—25m-1-1-13

PLACE OF BIRTH

[redacted]

28604

County of Oneida

City of Malad

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 24

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Winters	FULL MAIDEN NAME	Grace E Miller
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn) at 7:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 2/7 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-120-036719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 28695

Primary Registration District No. 2069 Registered No. 25

FULL NAME OF CHILD Clarence E Hess

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. F. Hess	FULL MAIDEN NAME	Eudora Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 2/7 1915 D. C. Ray Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

FEB 7 1942

852-227.036-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Registration District No. 26 File No. 28696

Primary Registration District No. 2069 Registered No. 26

Hospital _____

FULL NAME OF CHILD Edith May Fross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 27 1915

FATHER

FULL NAME Wm J Fross

RESIDENCE Holbrook

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Ohio

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Helen M Parker

RESIDENCE Holbrook

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Allen

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2/7 1915 D C Clay Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

367-128-036-692

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28697

Primary Registration District No. 2069 Registered No. 27

FULL NAME OF CHILD Ivan Royce Toponce

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Basil A Toponce	FULL MAIDEN NAME	Fanney J. Fisher
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Marien Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 2/7 1915 D. C. Clay Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each one [illegible] of each, in order of birth stated.

JUN 26 1942

AUG 25 1959

613-102-036-034

Form V. S. No. 11-C—25m-1-1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28698

Primary Registration District No. 2069 Registered No. 28

FULL NAME OF CHILD .....

Sex of Child: Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Feb (Month) 2 (Day) 191.1 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Fallis	FULL MAIDEN NAME	Sarah Stuart
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed 2/7 1915 D C Clay Registrar

8-Y CO. 24688

495-226-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

28699

Registration District No. 26 File No. ____

Primary Registration District No. 2069 Registered No. 29

FULL NAME OF CHILD Alicia Dives

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	Yes	7 16 1911

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Dives	Ruth Jones.
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Malad	Malad
OCCUPATION	Farmer.	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) D. M. Evans M.D.

Malad Ida

(Physician or Midwife)

Address ____

Filed 7/1 1915 D. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1973

APR 23 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 3 3 11 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28699

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dives (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 26, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Alicia Dives

Subscribed and sworn to before me this 1st day of May, 19 73.

Lyman Edwards

Notary Public, residing at Malad City, Idaho.

My commission expires 7-16-75

(Seal)

Signed Rosita Dives
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

17 Brunswick St., Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 19 73.

Lyman Edwards

Notary Public, residing at Malad City, Idaho

My commission expires 7-16-75

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

76 So. Main
Malad City, Idaho 83252
(Street Address, City, State)

FORM DH 60-155

CL 4/26/73

Marriage Certificate from Utah gives name of groom as Arthur Elden Bingham and the bride's name as Alicia Dvies. Dated May 4, 1939. Viewed by V.S.

MAY 9 1973

Diploma from Utah State Agricultural College gives name as Alicia Dives Rec'd Bachelor of Science in Arts and Sciences. Dated June 7, 1938. Viewed by V. S.

562-228 1036-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 28700

Primary Registration District No. 2069

Registered No. 30

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Don Noble	FULL MAIDEN NAME	Margaret Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 3/1 1915

D. C. Ray Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28701

PLACE OF BIRTH

County of Ada

City of Malad

Registration District No. N

File No.

No. , St.

Primary Registration District No. 2069

Registered No. 31

Hospital

FULL NAME OF CHILD John ~~Lawrence~~ RALPH Strouse

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	2	Yes.	2 – 17, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Lawrence Strouse Jr.	FULL MAIDEN NAME	Millie Goddard.
RESIDENCE	Malad Ida	RESIDENCE	Malad.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	1
BIRTHPLACE	~~Hollowing~~ Pitcurn Pa.	BIRTHPLACE	Malad.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kirne

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Malad Ida

, 19

Filed Feby 19 1925 D. E. [illegible] Registrar

Registrar

S-Y CO., 16670

APR [illegible] 1942

MAY 14 1942

SEP 4 1958

[illegible] from information taken
[illegible] #343815, May 12, 1942. Z.J.

Dunco 1915-30[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho.

4. FULL NAME OF CHILD John Ralph Strouse.

5. Date of Birth of Child (Month, day, year) 2-17-15.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John lawrence Strouse.
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pitcairn (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Goddard.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada } ss.
County of White Pine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that E. M. (First name) Kerns (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Millie Goddard Strouse Signature
Box 210 East Ely Nevada P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42.

(SEAL) C. E. Reese Notary Public, residing at Ely, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 10/24/45

Received for filing on MAY 3 by, Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1915-2870

Amended 3-24-70

PLACE OF BIRTH 112 024 692

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 28702

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD — Johnson, Harvey Clinton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Johnson	FULL MAIDEN NAME	Vina Wisdom
RESIDENCE	Gooding	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

F. T. Cary M.D. Registrar

Filed March 9 1915 F. T. Cary M.D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Amended 3-24-70

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAM

666

33 01

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
MAR 24 1970
Bureau of Vital Statistics

State of Idaho
County of Canyon } ss.

Certificate No. 28702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harvey Clinton Johnson
Mother's first name	Vera	Vina

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1970.

Signed Arvell Johnson
(Signature of Any Credible Person)

Notary Public, residing at Caldwell
My commission expires 2/8/74
(Seal)

Rt 3 Caldwell Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-3-63. nm

MAR 2 4 1970

Social Security Card gives name as Harvey Clinton Johnson issued Mar 7, 1939 # 519 10 6150.
Viewed By V.S.

Own childs birth certificate on file - Idaho # 352128 gives name of father as Harvey Clinton Johnson, # Child born June 24, 1942.
Viewed by V.S.

Mother's name is listed in the family bible as Vina Wisdom. Record obviously old.
Viewed by V.S.

Date of death of mothe as= listed on death certificate is June 23, 1964 and name is given as Vina Wisdom Johnson. Died in Idaho.
Viewed by V.S.

65-202-024-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28703

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Edith Welch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Shaw Welch	FULL MAIDEN NAME	Eulalia Sorensen
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Supt Experiment Station	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 1915

F. T. Cary M.D. Registrar

Address Gooding Idaho

Filed March 9 1915

F. T. Cary M.D. Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1970

251-201.024-493

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 28704

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Gertrude Mae Seagrave

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 1 1915

FATHER		MOTHER	
FULL NAME	Clarence N Seagrave	FULL MAIDEN NAME	Ruby Mae Miller
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Kansas
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.5

F.T. Carey M.D. Registrar

Filed March 9 19.15 F.T. Carey M.D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

634-227-024-693

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 28705

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Baby Olmsted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 1 (Day) 27 (Year) 1915
Female			

FATHER		MOTHER	
FULL NAME	C. E. Olmsted	FULL MAIDEN NAME	Bertha Wickel
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 1915

F. T. Cary M.D. Registrar

Address Gooding

Filed Jan 5 1915 F. T. Cary M.D. Registrar

S-Y CO. 20174

165-209-024-435

PLACE OF BIRTH AMENDED 11-16-46

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

Registration District No. 1014 File No. 28706

Primary Registration District No. 1024 Registered No. ____

FULL NAME OF CHILD Agatha Grace Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	1-9- 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Harry Jones	FULL MAIDEN NAME	Gracie McEvoy
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

F. T. Cary, M. D., 192____

____ Registrar.

(Signature) No Physician

____ (Physician or midwife)

Address ____

Filed Feb. 4, 1915 192____ F. T. Cary, M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 28705

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Agatha Grace Baby Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Jones	FULL MAIDEN NAME	Alice MacKevoy
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Ill
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

(Physician or midwife)

Given names added from a supplemental report

..... 1915

F. T. Cary M.D. Registrar

Address .....

Filed Feb 4 1915 F. T. Cary M.D. Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 28706

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Alice MacKevoy	Gracie McEvoy

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Gracie McEvoy Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

791-104-024-693

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28707

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harvey Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 4 1915

FATHER		MOTHER	
FULL NAME	Ross Graves	FULL MAIDEN NAME	Mary R Wilkins
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cranwell M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Mar 19 15

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 R

866-201-024-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28708

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Grace Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 1 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	L. C. Howell	FULL MAIDEN NAME	Grace Greswold
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Candy maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

F. T. Cary M. D. Registrar

Filed March 9 1915 F. T. Cary M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1968

362-207-024-419

PLACE OF BIRTH

County of Goodding

W M E, Goodding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

28709

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Coalers Opal

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	March 7 1915

FATHER		MOTHER	
FULL NAME	W E. Coalers	FULL MAIDEN NAME	Nora Mains
RESIDENCE	W M E. Goodding	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Douglass M.D.

(Physician or midwife)

Address Goodding Idaho

Given names added from a supplemental report

19 15

F. T. Cary M.D. Registrar

Filed March 8 19 15

F. T. Cary M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 16 1964
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Jackson } ss.

Certificate No. 28709

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cosler (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Opal Cosler

Subscribed and sworn to before me this 12th day of March, 1964

Thelma C. McIntyre
Notary Public, residing at Jacksonville Ore
My commission expires August 1, 1965
(Seal)

Signed Mrs. Nora Cosler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

220 Stewart Ave, Medford, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 3-5-64.

The Holy Sacrament of Baptism, baptized Feb. 4, 1928 Chapel of Christie Home, Marylhurst, Oregon - gives full name as Mary Cecilia (Opal) Cosler - born March 7, 1915 at Gooding, Idaho to Walter Cosler and Nora Morris Cosler - viewed by V.S.

Statement written by Sibyl Stevens, Gooding County, Idaho Recorder, November 20, 1963 states "I, Sibyl Stevens, duly elected, qualified and acting Recorder of Gooding County, Idaho do hereby certify that the school records of the year 1921 of my office disclose that Opal Cosler was born March 7, 1915-Age in 1921-6 years old." - viewed by V.S.

MAR 18 1964

231-109-024-136

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Registration District No. 1014 File No. 28710

Hospital ____ Primary Registration District No. 1024 Registered No. ____

FULL NAME OF CHILD MAX CARMAN STANFIELD
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3-9 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	C. L. Stanfield	FULL MAIDEN NAME	Floy Z. Atwell
RESIDENCE	Gooding	RESIDENCE	Gooding, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.
(Physician or midwife)

Address Gooding, Idaho

Give names added from a supplemental report.

...., 1915
F. T. Cary M.D.
Registrar.

Filed March 10 1915 F. T. Cary M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Goodding

City of Goodding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2871

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Baby Stanfield. Max

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 9 1915

FATHER

FULL NAME C. L. Stanfield

RESIDENCE Goodding

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kansas

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Tilay J. Atwell

RESIDENCE Goodding Idaho.

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) F. T. Cary M. D.

(Physician or midwife)

Address Goodding Idaho

19 16

F. T. Cary M. D. Registrar

Filed March 10 19 16 F. T. Cary M. D. Registrar

S-Y CO. 20174

FEB 11 1955

FEB 18 1955

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oklahoma
County of Choctaw } ss.

Certificate No. 28710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Baby" Stanfield (Name on Original Certificate) who was born (Was Born or Died) on 3-9-1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec. 18, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Baby" Stanfield	Max Carman Stanfield

Subscribed and sworn to before me this 14 day of Feb., 1955

Notary Public, residing at Boswell, Okla.
My commission expires 11-24-1956
(Seal)

Signed Flora Zalota Stanfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Boswell, Okla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma
County of Choctaw } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Feb., 1955

Notary Public, residing at Boswell, Oklahoma.
My commission expires 11-24-1956.
(Seal)

Signed Beth Stanfield Robertson
(Signature of Any Credible Person)
Boswell, Okla
(Street Address, City, State)

DPH 52-155

433-202-024-296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Hawe

Registration District No. 1014 File No. 28711

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Mildred McCrea

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 - 2 - 1915

FATHER		MOTHER	
FULL NAME	W. C. McCrea	FULL MAIDEN NAME	Belle Krouse
RESIDENCE	Gooding Idaho.	RESIDENCE	Gooding Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	85	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idaho.

Filed March 8, 1915 F. T. Cary M.D. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 7 11 56 AM '73

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28711

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed McCrea (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1915 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Mildred Leona McCrea

Subscribed and sworn to before me this 5th day of February, 1973

Danella Hawkes

Notary Public, residing at Gooding, Idaho

My commission expires 8/16/76

(Seal)

Signed Vera B. Hawkes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RI Box 150 Gooding Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1973

Danella Hawkes

Notary Public, residing at Gooding, Idaho

My commission expires 8/16/76

(Seal)

Signed Ester Kyser

(Signature of Any Credible Person)

134 12 West Gooding Idaho

(Street Address, City, State)

Box 154

FORM DH-60-155

School Record issued by the Gooding, Idaho Schools gives name as Mildred McCrea born Mar 2, 1915. Entrance approved September 1930.
Viewed vy C V.S.

FEB 7 1973

Marriage license issued November 16, 1934 gives name of [redacted] bride as Mildred McCrea married to E. L. Leeper of Gooding, Idaho.
Marriage License issued by Jerome County, Idaho.
Viewed by V.S.

81 [redacted] 042-165

[redacted] BIRTH

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Hospital .....

Registration District No. 37

File No. 28712

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Feb. 7th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. A. Hanson	FULL MAIDEN NAME	Cleoto Jones
RESIDENCE	Milner, Ida.	RESIDENCE	Milner, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 2-12 1915 John L. Coughlin
Registrar

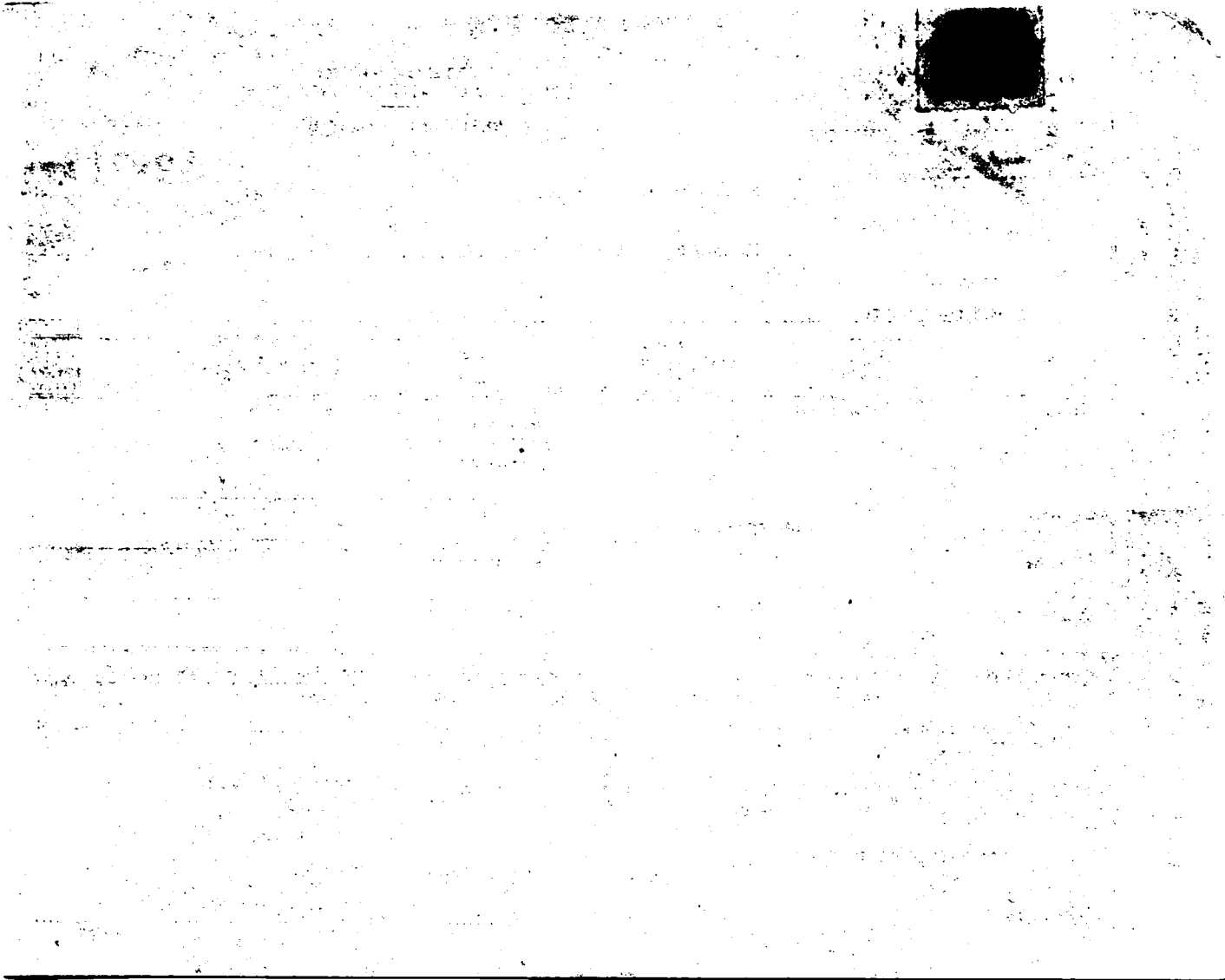
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235 102 042 619

Name added 11-1-89 JLH

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28713

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD LeRoy Curtis Stevens

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Feb. (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Curtis Stevens	FULL MAIDEN NAME	Mary Adell Waitley
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Ida.

Filed 2-22 1915 John H. Coughlin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name added 11-1-88 JB

11-1-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 1 12 10 PM '89

State of Idaho
County of Ada } ss.

Certificate No. 28713
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed male Stevens (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 2, 1915 (Date of Event)
in Filer, Twin Falls, ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	LeRoy Curtis Stevens

Subscribed and sworn to before me this 1 day of November, 19 89.
Notary Public, Janice D. Hughes
Residing at Boise Ada Idaho
My commission expires July 9, 1993
(Seal)

LeRoy Stevens
Signature of Applicant
385 N Plummer Lane Star Idaho 83669
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Obviously old family Bible shows LeRoy Curtis Stevens born Feb. 2, 1915 at Filer, Idaho and LeRoy Curtis Stevens and Zelda Messer wed Oct. 7, 1942 in Murphy, ID. Viewed by V.S.

Insurance policy from American Reserve Life Insurance Company shows LeRoy C. Stevens insured October 28, 1966. Viewed by V.S.

NOV 1 1989

451-102-042-464

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28714

County of Twin Falls

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 37 **File No.** .....

Primary Registration District No. 2085 **Registered No.** .....

FULL NAME OF CHILD Joel Dean

Sex of Child Male	**Twin Triplet or other?** ✓ **and** **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Feb 2 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Edward Dean	**FULL MAIDEN NAME**	Clara Dodd
RESIDENCE	Twin Falls	**RESIDENCE**	Twin Falls
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	30 (Years)	**AGE AT LAST BIRTHDAY**	16 (Years)
BIRTHPLACE	Iowa	**BIRTHPLACE**	Missouri
OCCUPATION	Farmer	**OCCUPATION**	—

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 6 30 am **M on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 3-6 1915 Robert B Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-226-042-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28715

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Minerly

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence E Minerly	FULL MAIDEN NAME	Ila A. Smith
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Fairfax Mo	BIRTHPLACE	Southerland Iowa
OCCUPATION	Rancher	OCCUPATION	Hwf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 40 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed 3-12 1915 John D Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1966

854-107042-663

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28716

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 7 1915

FATHER		MOTHER	
FULL NAME	Elias Henry Hempleman	FULL MAIDEN NAME	Grace Wolfe
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 12 P.M. on the date above stated.

(Born alive on ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Address T Falls

Filed 3-12 1915 John D Douglas

Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-102-042-243

Form V. S. No. 11-C—[illegible]-15-13

PLACE OF BIRTH

County of T Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28717

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD RUSSELL JOHN SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	2 2 1915

FATHER		MOTHER	
FULL NAME	Geo. Elmer Smith	FULL MAIDEN NAME	Mabel E. Butcher
RESIDENCE	Berger	RESIDENCE	Berger
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kan	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Registrar

Address T Falls

Filed 3-12 1915 Johnst Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boise, Ada

Certificate No. 28717
Date Filed 3-12-1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for no name on original (Name on original certificate) no (Was born or died) born on Feb. 2, 1945 (Date of event)
in Burger Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No name given	Russell John Smith

Subscribed and sworn to before me this 25th
day of November, 1941
Mabel B. Yarnick
Notary Public, residing at Boise, Idaho
My commission expires Jan 22, 1945
[SEAL]

Signed Geo. E Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 3, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of November, 1941
Mabel B. Yarnick
Notary Public, residing at Boise, Idaho
My commission expires Jan 22, 1945
[SEAL]

Signed Mabel C Smith (Mother)
(Signature of any credible person other than the previous affiant.)
Route 3 Boise, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUN 25 1961

NOV 18 1963

JUL 10 1964

819-225 co 42-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Z Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28718

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD ELLEN PAULINE HARADER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	1 25 1915

FATHER		MOTHER	
FULL NAME	Edwin E. Harader	FULL MAIDEN NAME	Salome K. Bingaman
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.30 a.m. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address Twin Falls

Filed 3-12 1915 Robert Cougher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1966

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Linn } ss.

Certificate No. 28718

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Pauline Harader (Name on Original Certificate) who (Was Born ~~or Died~~) on Jan 25, 1915 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan 25, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ellen Pauline Harader

Subscribed and sworn to before me this 5th day of June, 1942.

Signed Salome Harader
(Signature of parent ~~or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record, or other credible person.~~)

Notary Public, residing at Albany Ore
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES JULY 13, 1945

916 W. 5th St Albany Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Linn } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 5th day of June, 1942.

Signed Salome Harader
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Albany Ore
My commission expires
(Seal) NOTARY PUBLIC FOR OREGON

916 W. 5th St Albany Ore
(Street Address, City, State)

MY COMMISSION EXPIRES JULY 13.

JUN 22 1942

CORRECTED Z.J.

OCT 7 1966

814-11 41042-384

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 509 2nd ave W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28719

Registration District No. 37 File No.

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Ray Andrew Hamilton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 14 1915

FATHER

FULL NAME Andrew L Hamilton

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kansas

OCCUPATION Horse dealer

MOTHER

FULL MAIDEN NAME Ora E. Church

RESIDENCE Twin Falls.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Illinois

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed 2-20 1915 John T. Coughlin Registrar

S-Y CO. 24655

4/4/41 L. B.

493119 1082.285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28720

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Charles Shepherd Miller

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Feb 19 (Month) (Day) 191 5 (Year)

FATHER

FULL NAME Charles S Miller

RESIDENCE Twin Falls Co

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Ohio

OCCUPATION School teacher

MOTHER

FULL MAIDEN NAME Hattie Shepherd

RESIDENCE Twin Falls Co

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ohio

OCCUPATION —

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3300 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 1 19 15 John W Douglas Registrar

8-Y CO. 24655

945-228-042-241

Amended 9-18-62

(Be sure the information is complete and accurate)

State File No. 28721

Local Reg. No.

Reg. Dist. No. 37

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 405 4th Ave. W.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Pearl b. (Middle): Elvina c. (Last): Rundle

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) Feb. (Day) 28, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): Harry b. (Middle): H. c. (Last): Rundle

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kansas

11a. USUAL OCCUPATION: Worksin Creamery

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): c. (Last): Small

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Wilson

18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 6, 1915

20. REGISTRAR'S SIGNATURE: John F. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. ---

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Kansas
County of Cowley } ss.

Certificate No. 28721

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Rundle (Name on Original Certificate) who was born (Was Born or Died) on Feb. 28, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by twin Child Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Pearl Elvina Rundle
Sex of Child	Male	Female

Subscribed and sworn to before me this 13th day of September, 1962

Signed Earl Rundle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 704 E. Ninth, Winfield, Ks.
My commission expires July 9, 1964
(Seal)

1412 John Winfield, Kans
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas
County of Cowley } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September, 1962

Signed Olive B. Rayson
(Signature of Any Credible Person)

Notary Public, residing at 704 E. Ninth, Winfield, Ks.
My commission expires July 9, 1964
(Seal)

1419 John Winfield Kans.
(Street Address, City, State)

FORM DH 60-155

L 8-15-62. one copy pd. rec. #15320.

Social Security Application, dated June 3, 1952, #513-32-4733 gives full name as Pearl Elvina Duncan, born Feb. 28, 1915 at Twin Falls, Idaho to Harry H. Rundle and Mary Elvina Small; sex if given as-female and race-white, - viewed by V.S. (Duncan is married name)

Statement from Bertha Cunningham, R.R.L., The William Newton Memorial Hospital, Winfield, Kansas, statement written and signed July 30, 1962 gives full name as Pearl E. Duncan; date of entrance-January 1, 1939; age at entrance-23; date of birth-February 28, 1915; birthplace-Twin Falls, Idaho; date of leaving Hospital-January 14, 1939; Husband-Ralph R. Duncan - viewed by V.S.

Unverified Copy of Child's Birth Certificate, State of Kansas, child born March 18, 1947 at Winfield, Kansas, certificate filed with local registrar April 3, 1947 gives full name of father as Ralph R. Duncan, age 33, born in Cedarvale, Kansas and full maiden name of mother as Pearl Elvina Rundle, age 32, born in Twin Falls, Ida. - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 405 4th Ave W. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28721

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Rundle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	3	yes	Feb. 28 1915

FATHER		MOTHER	
FULL NAME	Harry A Rundle	FULL MAIDEN NAME	Mary Small.
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Works in Creamery	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) H W Wilson
physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Mar. 6 19 15 John S. Taylor
Registrar

S-Y CO. 24655

SEP 18 1962

945-128-042-241

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 405 4th av W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 28722

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD EARL WALTER Rundle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	2	yes	Feb. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry H. Rundle	FULL MAIDEN NAME	Mary Small
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	works in Creamery	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.10 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed Mar 6 1915 John L. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Cowley }

Certificate No. 28722

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Earl Walter Rundle (Name on Original Certificate) who Was born (Was Born or Died) on Feb. 28, 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Aug. 1, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Earl Walter Rundle

Subscribed and sworn to before me this 31st day of August, 1942

Bertha Correll

Notary Public, residing at Winfield, Kansas

My commission expires Aug. 9, 1945
(Seal)

Signed Harry H. Rundle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dexter RR1 Kansas.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Cowley }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Sept. 1942

Bertha Correll

Notary Public, residing at Winfield, Ks.

My commission expires Aug. 9, 1945
(Seal)

Signed Glen W Beery
(Signature of Any Credible Person Other Than Previous Year)

Winfield Kansas RR#3
(Street Address, City, State)

SEP 4 1942

JUL 11 1962

SEP 5 1942

249-125-1042-453

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 28723

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Physicians & Surgeon's

FULL NAME OF CHILD Charles Robert Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		1	Yes	Feb. 25 1915

FATHER		MOTHER	
FULL NAME	Charles Lewis Smith.	FULL MAIDEN NAME	Emma Detwiler.
RESIDENCE	Berger, Ida.	RESIDENCE	Berger, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	~~Twin Falls~~ Minn.	BIRTHPLACE	Smith Center, Kan.
OCCUPATION	Lumberman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb. 25, at 1 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~mid-wife~~)

Address Twin Falls

Filed Mar. 16 19 15 John R. Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-228-042-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of T Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28724

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Elta Mae Sparks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl				yes	1 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry A. Sparks	FULL MAIDEN NAME	Minnie O Granger
RESIDENCE	T.F.	RESIDENCE	T.F. ~~Minnie O. Granger~~
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 3-12 1915 John H. Coughlin Registrar

..... Registrar

S-Y CO. 20174

NOV 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 17 8 16 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28724

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sparks (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Etta Mae Sparks

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of
November, 19 76.
Blanche A Bittleston

Notary Public, residing at Orofino Idaho
My commission expires April 1978
(Seal)

Signed Blanche A Bittleston
(Signature of Any Credible Person)

Rt 1 Box 267 Orofino Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/8/76

DEC 17 1976

Diploma from Missoula County High school, Missoula, Montana gives name as Elta Mae Sparks. dx dated June 8, 1933. viewed by V. S.

Marriage certif gives name as Willard C. Wollam and bride's nameas Elta Sparks dated May 29, 1937. viewed by VS.

Certif of Baptism from the a Christian church gives nameas Willard Earl Walham son of Willard Carrie Wollam and Elta Mae Sparks. born Feb 23, 1939 at Torrington, Wymoing. Baptized Sp t 19, 1942. viewed by V. S.

316-223-042-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of T Fall

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28725

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Virginia Elizabeth Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	2 23 1915

FATHER		MOTHER	
FULL NAME	Wm. Byron Lawrence	FULL MAIDEN NAME	Bessie May Cameron
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Neb	BIRTHPLACE	Texas
OCCUPATION	Book-keeper	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

..... (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls

Filed 3-12 1915 John W. Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1971

SEP 1 6 1976

See Certificate No1 52949

689-120-042-667

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of 2 Hall

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28726

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Donald Whitzel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry B. Whitzel	FULL MAIDEN NAME	Bessie Fox
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida.

Filed 3-12 1915 John L. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1941

313-226-042-293

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 28727

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Cates DOROTHY DELPHINE CATES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis H Cates	FULL MAIDEN NAME	Ophelia Kile
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed 3-12 1915 John H Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 28727
Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for DOROTHY DELPHINE CATES (Name on original certificate) who Was Born (Was born or died) on 2-26-1915 (Date of event)
in TWIN FALLS IDA. (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Unnamed Cates	Dorothy Delphine Cates

Subscribed and sworn to before me this 12th day of January, 1942
A. F. Jankowski
Notary Public, residing at Portland, Oregon
My commission expires Jan. 3, 1945
[SEAL]

Signed C. H. Cates (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9341 N.W. St. Helens Rd. Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1942.
A. F. Jankowski
Notary Public, residing at Portland, Oregon
My commission expires Jan. 3, 1945
[SEAL]

Signed Clara A Cates
(Signature of any credible person other than the previous affiant.)
9341 N W St. Helens Rd. Portland Ore
(Street Address, City, State)

Received for filing on MAR 2 1942 By .....
(Registrar's signature)

168-215-042-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28728

County of T Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	1 15 1915

FATHER		MOTHER	
FULL NAME	Axel E. Johnson	FULL MAIDEN NAME	Gerda Kallertig
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address T. Falls

Filed 3-12 1915 John D. Coughlin Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.209.042-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 28729

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Myrtle Olive Butcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 9 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Leonard Butcher	FULL MAIDEN NAME	Jennie Holloway
RESIDENCE	Berger Ida.	RESIDENCE	Berger Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado.
OCCUPATION	Cistern Digger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed 3-12 1915 John L. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1956

249-208-042-963

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted]F VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 28730

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Jean Doris Burkholder

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. B. Burkholder	FULL MAIDEN NAME	Josephine Roth
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Pa.
OCCUPATION	Hardware Clk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 3-12 1915 John F. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 26 1942

164-101-042-445

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 28731

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD ROLAND A. Journey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. L. Journey	FULL MAIDEN NAME	Edna Munn
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 3-12 1915 John F. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 28731

State of California } ss.
County of Los Angeles

JAN 18 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Roland Addison Journey (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan. 1, 1915 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Roland A. Journey
		Roland Addison Journey

Subscribed and sworn to before me this 11th day of 11th January, 1943

Signed x Albert L Journey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Los Angeles Calif

My commission expires My Commission Expires May 29, 1945
(SEAL)

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

1749 Stonerave W. Los Angeles Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1943

Signed Cora D Journey
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at LOS ANGELES CALIFORNIA

My commission expires My Commission Expires May 29, 1945
(SEAL)

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V19-225-042-891

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28732

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Mainard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 25 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Forrest Mainard	FULL MAIDEN NAME	Hazel Hiatt
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 49 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida.

Filed Mar. 12 1915 John W. Coughlin Registrar

S-Y CO. 24655

MAR 1 6 1967

389-231-042-493 amend 1-29-82

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 28733

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Hazel Lucy Childers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1 31 1915

FATHER

FULL NAME Harper Childers

RESIDENCE Twin Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Mo

OCCUPATION Ranchman

MOTHER

FULL MAIDEN NAME Rosa Miller

RESIDENCE Twin Falls, Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) W. G. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed 2-12-1915 John K. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-15-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 28733
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Childers (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-31-15 (Date of Event) in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Hazel Lucy Childers

Subscribed and sworn to before me this 27th day of January, 1982
Notary Public Charles H Lovell
Residing at Jerome, Id
My commission expires 2-11-82
(Seal)

Hazel L Slatter
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 1982
Notary Public Charles H Lovell
Residing at Jerome, Id
My commission expires 2-11-82
(Seal)

W. E. Childers
Supporting Signature

139 E 4th East Jerome Idaho
Street Address, City, State

1 cc pd

Statement from Twin Falls School District # 411 gives Hazel Lucy Childers born 1-31-15 to Rosie Childers and William H Childers is listed on school census record. Record established 10-20-31. Viewed by V.S.

JAN 29 1982

Family Record Page from Family Bible gives Hazel Lucy Childers born 1-31-15 to William H Childers and Rosa Bell Miller. Viewed by V.S.

845-207-042-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28734

County of Twin Falls

City of Twin Falls

Registration District No. 37 **File No.**

No. ..... *St.*

Primary Registration District No. 1685 **Registered No.**

Hospital .....

FULL NAME OF CHILD Luesnel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Archie Luesnel	FULL MAIDEN NAME	Anna Martel
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Mar. 12 1918 John H. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-115 [redacted] 391

PLACE [redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 28741

No. ..... St.

Primary Registration District No. 2007

Registered No. 11

Hospital .....

FULL NAME OF CHILD Not named Clarence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Hartes	FULL MAIDEN NAME	Ellen M. Beasley
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma

Filed Feb 24 1915 Lulu Waldorf
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

249-230-017-439

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 28742

Primary Registration District No. 1006 Registered No. 22

FULL NAME OF CHILD Ellen Burkholder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Jan (Month) - 30 (Day) - 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. L. Burkholder	FULL MAIDEN NAME	B. Ella Ulrich.
RESIDENCE	Nampa.	RESIDENCE	Nampa.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ill.
OCCUPATION	Mail-carrier	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

BK

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed Feb 12 1915 Jos. S. Meyer Registrar

Anna Rathfield Deputy

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1943

239-205-014-261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 7 Miller South St.

Hospital

Registration District No. 7 File No. 28743

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Della Marie Blickenstaff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	7 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jessie W. Blickenstaff	FULL MAIDEN NAME	Mary Swartz
RESIDENCE	R.D.1. Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Wife of Rancher

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.R. Meredith D.O.
Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Feb 12 1915 Dr S D Colonge
Anna Hatfield Deputy Reg.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 27 1946

367-1[redacted]

PLACE[redacted]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Coun[redacted]

~~City~~ of Wilson P.O.

Registration District No. 7

File No. 28744

No. ..... , ... St.

Primary Registration District No. 2006.

Registered No. .....

Hospital .....

FULL NAME OF CHILD x Edward Alfred Cox

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	x		x	yes	Feby (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Alfred L Cox	FULL MAIDEN NAME	Margaret Hurley
RESIDENCE	Wilson Idaho	RESIDENCE	Wilson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

MD

(Physician or Midwife)

Given name added from a supplemental report

..... , 19.....

Address Naruja Idaho

Filed Feb 18 1915 Dr S D Calouge

Registrar

Registrar

Anna Hatfield Deputy.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 2 1944

455 [redacted]

Form V. S. No. 11—25m-1-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County

City of Nampa

Registration District No. 7

File No. 28745

No. Maple St.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Laura Inez Inez De Vorss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Feb 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J M De Vorss	FULL MAIDEN NAME	Angia A Hall
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Painter & Paper hanger	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Ida

Filed Feb 20 1915 Dr S D Colange
Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1948

DECEASED

349-112-029-296

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

Registration District No. 65

File No. 28746

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD ~~Not named~~ Laurence Leonard Curtis

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edgar L Curtis	FULL MAIDEN NAME	Mary Brautner
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Palouse Wash

Filed Jan 20 1915 Dr. J. W. Thompson Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

392-102-029-719.

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 28747

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Not named

Sex of Child: Male

Twin, Triplet, or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Jan 2 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Harry P Tibey	FULL MAIDEN NAME: Alice Garrett
RESIDENCE: Latah Co	RESIDENCE: Latah Co
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kansas Mich	BIRTHPLACE: Mo
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 2 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Thompson MD

(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 10 1915. D. H. Thompson
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855716.029-366

Form V.S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 28748

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD ~~[illegible]~~ BYRON R. HENRY

Sex of Child: Male

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Jan (Month) 16 (Day) 1915 (Year)

FATHER

FULL NAME: Martin Edward Henry

RESIDENCE: Latah Co

COLOR: White AGE AT LAST BIRTHDAY: 51 (Years)

BIRTHPLACE: Mo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida E Lower

RESIDENCE: Latah Co

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) D B Harrison MD

(Physician or midwife)

Address Palouse Wash

Filed Feb 1 1915 D. J. Thompson
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 28748

County of Whitman } Date Filed APR 9 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for none (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 16, 1915 (DATE OF EVENT)

in Latah Co. Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by mother8's Statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Byron R. Henry

Subscribed and sworn to before me this 4th day of April, 1942.

[signature]

Notary Public, residing at Palouse

My commission expires May 20, 1943

(SEAL)

Signed Ida E. Henry

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Palouse, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Whitman }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1942

[signature]

Notary Public, residing at Palouse.

My commission expires

(SEAL)

Signed B J Jones

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. F. D. Palouse Wn

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

168-108-029-689

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28749

Registration District No. 65

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Not named (Charles Raymond Johns)

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 8 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Earnest A Johns

RESIDENCE Latah Co

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Josepha White

RESIDENCE Latah Co

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Minn

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harriman M.D

Palouse Wash (Physician or midwife)

Address

Given names added from a supplemental report.

Charles Raymond 1914

W. W. Thompson Registrar

Filed Feb 18 1915

W. W. Thompson Registrar

S-Y CO. 25756

619-210-029-819

PLACE OF BIRTH Amended 6/5/79

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28750

County of Latah.

City of Potlatch

Registration District No. 65.

File No.

No. St.

Primary Registration District No. 2145.

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Letha Warren.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓	✓	yes.	March 10 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theodore Warren.	Daisy Harris.
RESIDENCE	Potlatch.	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	43.	36.
BIRTHPLACE	Missouri	Illinois
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6th.

Number of children of this mother now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Thompson
M D.
(Physician or midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

.....19.....

Filed March 12th 1915

Dr. J. H. Thompson
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED

MAR 30 1979

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Wheeler } ss.

Certificate No. 28750

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alice Warren (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1915 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security (Bible Record, Insurance Policy, Etc.) prepared on April 25, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alice	Dorothy Letha Warren

Subscribed and sworn to before me this 4th day of September, 1942

Willa Hebenton

Notary Public, residing at Fossil, Oregon

My commission expires January 26, 1943

(Seal)

Signed Theodore Warren

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kinzua, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Wheeler } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September 1942

Willa Hebenton

Notary Public, residing at Fossil, Oregon

My commission expires January 26, 1943

(Seal)

Signed Frank H. Claughton

(Signature of Any Credible Person Other Than Previous Year)

Kinzua, Oregon

(Street Address, City, State)

Standard Certif of Live Birth from Oregon (51-12185) gives name as [illegible] born May 9, 1951 name as Susan Annett Harvey. born in Condon, Oregon. father's name given as Alvin Glenwood Harvey and mother's name as Dorothy [illegible] Letha Warren. viewed by V. S. JUN 5 1979

Certif of marriage from the state of Wshington gives names Alvin G. Harvey and Dorothy L. Warren. dated Apilr 13, 1933. viewed by V. S.

631-20-029-285

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 28751

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Mari Ota.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	March. 10 1915.

FATHER		MOTHER	
FULL NAME	Yosuke. Ota.	FULL MAIDEN NAME	Rui Shinagawa.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	Yellow.	COLOR	Yellow.
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M.D. (Physician or midwife)

Address Potlatch Idaho.

Filed March. 15th 1915 D. Jr. Thompson Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

318-11 K 029-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. 28752

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Wain Geraldo Layton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	✓	yes	March 16 1915

FATHER		MOTHER	
FULL NAME	Floyd Layton	FULL MAIDEN NAME	Olivia Wilkinson
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Thompson M. D.

(Physician or midwife)

Address Potlatch Idaho

Filed March 17 1915 D. J. Thompson Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-129-029-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] 20m-2-15-12

28754

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Murray Lee Bain

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Jan. (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Bain	FULL MAIDEN NAME	Fern Elizabeth DeWebber
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~three~~ Fourth Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. N. Cook

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Princeton Idaho

Filed March 26th 1915 D. J. W. Thompson Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 3 1945

512-120-029.512

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch P.O.

No. ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

28755

Registration District No. 66. File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD ~~George~~ Vassar Vasser, Clifton Newell

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	✓		✓	Yes	3 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Vasser	FULL MAIDEN NAME	Marguette Vasser
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouria	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S LePard

M D
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Potlatch Ida

Filed March 25th 1915. Dr. J.W. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 4 1945

[redacted]

434-21-029.434

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH 28756

Registration District No 66 File No .....

Primary Registration District No 2145 Registered No .....

FULL NAME OF CHILD angela aden McDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 17 1915

FATHER		MOTHER	
FULL NAME	alen Elixander McDonald	FULL MAIDEN NAME	Mary ellen McDonald
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.55 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K W Ward M D
(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed March 21st 1915 D. Jer. Thompson
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

363-213-014 556

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 4 File No. 28757

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Katie Bernice Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 13 1915

FATHER		MOTHER	
FULL NAME	Jos Frank Cole	FULL MAIDEN NAME	Katie Newnham
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Grant Idaho	BIRTHPLACE	Salt Lake City
OCCUPATION	Ranch Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 4-6 1915 J. L. Reynolds
Registrar

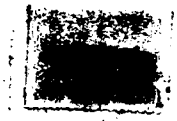
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



269-117-014-847

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

28758

County of Canyon

City of Emmett — Registration District No. ____ File No. ____

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Esbert Boren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 17 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Boren	Veda Agnes Hughes
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	23
BIRTHPLACE	Heber City Utah	Preston Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. M. Cummings

(Physician or midwife)

Address Emmett

Filed May 4 1915 J. L. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-103-014-793

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 4 File No. 28759

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alfred Edwin Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 3 1915

FATHER		MOTHER	
FULL NAME	Lorenzo Johnson	FULL MAIDEN NAME	Clara Viola Gilbert
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Heber City, Utah	BIRTHPLACE	Boise Co. Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 4-6 1915 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 28759

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alfred Edward Johnson (Name on Original Certificate) who was Born (Was Born or Died) on March 3, 1915 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 27, 1942 (Give Date) (originally entered as 1915) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alfred Edward Johnson	Alfred ~~EDWIN~~ Johnson

Subscribed and sworn to before me this 27th
day of July, 1942
Henry White
Notary Public, residing at Boise, Idaho
My commission expires 9/14/44
(Seal)

Signed Lorenzo Johnson (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.F.D. 1 Emmett Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of July, 1942
Henry White
Notary Public, residing at Boise, Idaho
My commission expires 9/14/44
(Seal)

Signed Clara Viola Johnson
(Signature of Any Credible Person Other Than Previous Year)
Emmett Idaho Rt. 1.
(Street Address, City, State)

JUL 27 1942

217-218'014-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. .....

File No. 28760

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ~~Hobbs~~ Bagby DOROTHA HELEN BAGBY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Fredrick Bagby	FULL MAIDEN NAME	Louise May McCuan
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinoise	BIRTHPLACE	Tennessee
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Filed 3-23 1915 J L Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas }
County of Jones } ss.

FEB 7 1942

Certificate No. 28760

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Hellen Bagby (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1915 (Date of Event)

in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hellen Bagby	Dorotha Helen Bagby

Subscribed and sworn to before me this 4th day of February, 19 42.

C. Johnson
Notary Public, residing at Stamford, Texas

My commission expires May 31, 1943
(Seal)

Signed Mrs W M Bagby.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

302 East Vanderbilt St, Stamford, Texas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas }
County of Jones } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 19 42.

C. Johnson
Notary Public, residing at Stamford, Texas

My commission expires May 31 1943
(Seal)

Signed Mrs. Earnie Holland
(Signature of Any Credible Person Other Than Previous Year)

503 McLendon St, Stamford, Texas
(Street Address, City, State)

FEB 19 1942

264-111-014-918

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28761

County of Canyon

City of Emmett

Registration District No. 6 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Raymond Victor Bourry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Mar 11 1915

FATHER		MOTHER	
FULL NAME	Louis Bourry	FULL MAIDEN NAME	Leona Raymond
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	France
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 o'clock M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

....., 19.....

Filed 3-16-1915 J. L. Reynolds
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-122-014-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28762

County of Canyon

City of Emmett Registration District No. 2010 File No.

No. St. Primary Registration District No. 4 Registered No.

Hospital

FULL NAME OF CHILD Donald Marvin Shelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 - 22 1916

FATHER	MOTHER
FULL NAME Geo. Frank ~~Shelley~~ Shelley	FULL MAIDEN NAME Edith Stella Sherard
RESIDENCE Horseshoe Bend	RESIDENCE Horseshoe Bend
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Nebraska
OCCUPATION Ranches	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-5-19.15 J. L. Reynolds Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boise } ss.

Certificate No. 28762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shelly (Name on Original Certificate) who born (Was Born or Died) on Mar. 22, 1915 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Donald Marvin Shelley
Surname	Shelly	Shelley

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Edith Shelley ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Horseshoe Bend, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed /
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1942

SEP 30 1942

343-114-014-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28763

County of Canyon

City of Emmett

Registration District No. 6 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Quincy James Cullender

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 18 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Quincy J. Cullender	FULL MAIDEN NAME	Marjorie E Kennedy
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Filed 2 30 1915 J L Reynolds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-212-214-662

PLACE OF BIRTH

County of Canyon

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-18

Registration District No. 4

File No. 28764

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	9 - 12 - 1915

FATHER		MOTHER	
FULL NAME	Wilson Budlile	FULL MAIDEN NAME	Grace Foster
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Rancher	OCCUPATION	Hsd

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11½ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-6 1915 J. L. Reynolds Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-216014-433

Amended 6-28-62

(Be sure the information is complete and accurate)

State File No. 28765

Local Reg. No.

Reg. Dist. No. 6

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ruby
b. (Middle):
c. (Last): Hamblen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 3 - 16 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Grant
b. (Middle):
c. (Last): Hamblen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kans.

11a. USUAL OCCUPATION: Barber

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ellen
b. (Middle):
c. (Last): McCoy

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: B. O. Clark, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Emmett, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 4-6-1915

20. REGISTRAR'S SIGNATURE: J.L. Reynolds

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28765

County of [illegible]

City of Middleton

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	3-16-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grant Hamblin	FULL MAIDEN NAME	Ellen McCoy
RESIDENCE	Middleton	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida
OCCUPATION	Barber	OCCUPATION	Hw

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Filed 4-6 1915

J. L. Reynolds Registrar

Registrar

S-Y CO. 24686

JUN 28 1962

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 28765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hamblen (male child) (Name on Original Certificate) who was born (Was Born or Died) on March 16, 1915 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record - Marriage License (Bible Record, Insurance Policy, Etc.) prepared on May 28th 1929 - Jan. 17th 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruby Abbey Hamblen
Child's Sex	Male	Female

Subscribed and sworn to before me this 31st day of March, 1962

Martin H. Kappler

Notary Public, residing at Portland Oreg.

My commission expires Aug. 24, 1965

(Seal)

Signed James G Hamblen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6929 N-MOORE Portland 17 Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1962

Martin H. Kappler

Notary Public, residing at Portland, Oreg.

My commission expires Aug. 24th 1965

(Seal)

Signed Juanita M. Hamblen
(Signature of Any Credible Person)

6929 N. Moore Ave Portland Oreg
(Street Address, City, State)

FORM DH 60-155 L 2-28-62. one copy pd. rec. #9221.

sufficent documents for adding the full name as Ruby Abbey Hamblen have not been submitted - so full name of child has been added as Ruby Hamblen - 6-28-62. no documents required to correct Sex -

State of Washington, County of Whitman, Certificate of Marriage, married Jan. 17, 1935 gives full name of groom as Marvin C. Mayo and full name of bride as Ruby Hamblen - viewed by V.S.

St. John's Academy Certificate of Graduation, Colfax, Washington dated May 28, 1929 gives full name of student as Ruby Hamblin - viewed by V.S. this doc. accepted because of the father's last name being spelled correct -

455·116·014-918

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28766

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. .....

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Marion DeVault

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	3 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. DeVault	FULL MAIDEN NAME	Zella Raymond
RESIDENCE	Emmett Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 5-6- 1915 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1965

669.106.01X952

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28767

County of Lemhi

City of Lethia

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. 1010

File No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	3 — 6 — 1915

	FATHER	MOTHER
FULL NAME	John Workman	Celia L Instroth
RESIDENCE	Lethia Ida.	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	55	35
BIRTHPLACE	Minn.	Minn
OCCUPATION	Teacher	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4 — 6 1915

J. L. Reynolds
Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-128'008-685

PLACE OF BIRTH

Form V. S. No. 11-25m-1-1-13

[redacted] IDAHO
BU[redacted] STATISTICS
CERTIFICATE OF BIRTH

County of Boise

City of Gross

No. ..... St.

Hospital .....

Registration District No. 4

File No. 28768

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Gerald Jesse Carlock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	2 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Caleb Carlock	FULL MAIDEN NAME	Mary Whetherhult
RESIDENCE	Gross, Idaho	RESIDENCE	Gross
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Gentry Co., Mo.	BIRTHPLACE	Oneida Co, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 1045 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett

Filed 4-6 1915 J L Reynolds Registrar

Registrar

S-V CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of [redacted] Gem

Certificate No. 28768

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth of death for unnamed person (Name on Original Certificate) who was born (Was Born or Died) on July 28 1915 (Date of Event) in Gem Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by My knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gerald Jesse Carlock

Subscribed and sworn to before me this 27th day of June, 1942.

J. P. Reed
Notary Public, residing at Emmett, Idaho

My commission expires 2/7/1944.
(Seal)

Signed Mary Valeria Carlock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ola, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1942.

J. P. Reed
Notary Public, residing at Emmett, Idaho

My commission expires 2/7/1944.
(Seal)

Signed Richard S. Carlock
(Signature of Any Credible Person Other Than Previous Year)

Ola Idaho
(Street Address, City, State)

JUN 2 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-205-014-255

Form V. S. No. 11—25m-1-

PLACE OF BIRTH

STAT[redacted]
BUREAU OF [redacted]STICS

CERTIFICATE OF BIRTH

28769

County of Cuny

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD Mary Barbara Andrew

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Feb (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julian Wesley Andrew	FULL MAIDEN NAME	Mary Benedick
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Buckley Illinois	BIRTHPLACE	Lincoln Nebr
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett

Filed 4-6-1915 J. L. Reynolds Registrar

S-Y CO. 24656

K

PLACE OF BIRTH

JUL 25 1968

553-122-008-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28770

County of Boise

City of Horseshoe Bend Registration District No. 6 File No.

No. ____ St.

Primary Registration District No. ____ Registered No.

Hospital ____

FULL NAME OF CHILD Jesse Charles Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 27 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carmy Samuel Nelson	Myrtle Simons
RESIDENCE	Horseshoe Bend	Horseshoe Bend
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	37
BIRTHPLACE	DeKalb Co Indiana	Williams Co. Ohio
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed K-16 1915 J. L. Reynolds Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1976

997-226-04-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1—25m-1-1-18

CERTIFICATE OF BIRTH

28771

County of Canyon

City of Emmett Registration District No. 4 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Mary Putnam Riggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Chiles Riggs	Mary Frances Wilkins
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	42
BIRTHPLACE	Corvallis Oregon	Clinton Iowa
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

(Signature) L. M. Cummings

(Physician or midwife)

Address Emmett

Filed 4/4 19 15 J. L. Raymond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUN 21 1960

641-120-014-418

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28772

County of Gem

City of Emmett Registration District No. 6 File No.

No. St.

Primary Registration District No. 10 10 Registered No.

Hospital

FULL NAME OF CHILD Howard J Fujii

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 20 1915

FATHER	MOTHER
FULL NAME Henry-Hajime Fujii	FULL MAIDEN NAME Fumisco Mayeda
RESIDENCE Emmett Idaho	RESIDENCE Emmett
COLOR Brown AGE AT LAST BIRTHDAY 28 (Years)	COLOR Brown AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Fukuyone Japan	BIRTHPLACE Kochi Japan
OCCUPATION Truck gardener	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

1st copy issued, 2/24/42

Filed 4-6 1915 J. K. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1948

314-215-014-719

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 6

File No. 28773

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Luenna Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hiram A Campbell	FULL MAIDEN NAME	Carlie Garr
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Millville Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Idaho

Filed K-6 1915 J K Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 28773

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Hazel Luenna Campbell (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on January, 15, 1915 (DATE OF EVENT)
in Emmet, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by geneology record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Hazel Luenna Campbell

Subscribed and sworn to before me this 27th day of April, 19 42.

Jessie P. Rich

Notary Public, residing at Logan, Utah

My commission expires Jan. 9th, 1945.

(SEAL)

Signed Hyrum A. Campbell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Providence, Utah.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 19 42.

Jessie P. Rich

Notary Public, residing at Logan, Utah

My commission expires Jan. 9th, 1945.

(SEAL)

Signed Roberta C. Hansen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

475 So 5th W. Logan, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 30 1942

MAY 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-214-008-756

PLACE OF BIRTH

Form V. S. No. 11—25m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28774

County of Boise

City of Horseshoe Bend

Registration District No. 6

File No. 28774

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) / 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Silas George Smidt	FULL MAIDEN NAME	Ida Pearl George
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Horseshoe Bend	BIRTHPLACE	Anselmo Nebr
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 4-6 1915 J K Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 3

Form V. S. No. 11—[illegible]-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28775

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas. Alvin Huntington	FULL MAIDEN NAME	Eliza Jane Cole
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Salmon City Idaho	BIRTHPLACE	Grant Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Emmett

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Registrar

Filed 4 6 1915 J L Reynolds Registrar

E-Y CO. 24656

269.12.014-893

PLACE OF BIRTH

County of Canyon

City of Hawkins

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-13

28776

Registration District No. 4 File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Robert James Soran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 12 1915

FATHER	MOTHER
FULL NAME Jno Joseph Soran	FULL MAIDEN NAME Esther Ruth Hill
RESIDENCE Boise Idaho	RESIDENCE Emmett
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Denver Colo.	BIRTHPLACE Kellogg Iowa
OCCUPATION Running elevator	OCCUPATION House work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. M. Cummings

(Physician or midwife)

Address Emmett, Idaho.

Filed Mar 6 19 15 J. T. Reynolds Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 25 1 34 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28776

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Soran (Name on Original Certificate) who was born (Was Born or Died) on Jan. 12, 1915 (Date of Event)

in Hannah (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Omitted	Robert James Soran

Subscribed and sworn to before me this 21st day of Nov., 19 77

Florence Curtright

Notary Public, residing at Burley

My commission expires 4-20-77

(Seal)

Signed James R Soran Jr

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Robt Watson

(Signature of Any Credible Person)

Lincoln St. Twin Falls Idaho

(Street Address, City, State)

FORM DH 60-155

In office 11-21-77 no corresp.

Own childs birth certificate on file with Bureau of Vital Statistics in Boise, Idaho, under state file # 57-1131 gives name of father as Robert James Soran. Child born January 22, 1957.
Viewed by V.S.

DEC 8 1977

Also Janet T. Soran 9-8-1945

Robert J. Soran name on Honorable Discharge from the U.S. Marine Corps. dated May 6, 1946 (Marine Reserves). viewed by V. S.

146-101-008-515

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28777

County of Boise

City of Montour

Registration District No. 6 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Joseph

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	1 (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph J Amos	FULL MAIDEN NAME	Amy Cantrat
RESIDENCE	Montour	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark
(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Id.

Filed 8-4 1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

AMOS

DUP OF 1915-D56-1225

Z CHILD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 [illegible] 110-008-168

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Montour

No. ..... St.

Hospital .....

Registration District No. 6

Primary Registration District No. .....

File No. 28778

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	1 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter E Smith	FULL MAIDEN NAME	Amy Johnson
RESIDENCE	Montour Ida	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Hw

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Filed 4-6 1915 J. L. Reynolds Registrar

Registrar

S-Y CO. 24656

168 [redacted] 14-391

[redacted] RTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28779

County of Canyon

City of Emmett

Registration District No. 6 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Irwin Crandall Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	1 — 14 — 15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo L Johnson	Julia B Crandall
RESIDENCE	Emmett Idaho	same
COLOR	white	white
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Labor	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 1-6-, 1915 J. L. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-116-01X-766

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

amended 12/1/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28780

County of Bingham

City of Emmett

Registration District No. 4

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Kenneth Wills

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	1 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A Wills	FULL MAIDEN NAME	Ruth O Poole
RESIDENCE	Emmett Idy	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Idy

Filed 4-6 1915

J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ended 12/

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Theodore Wills (Name on Original Certificate) who was born (Was Born or Died) on Jan. 16, 1915 (Date of Event) in Emmett, Idaho (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Theodore Wills	Kenneth Wills

Subscribed and sworn to before me this 1st day of December, 1928

Florence Curtright
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed Susie Wills
Kenneth Wills
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3787 Wills Rd. Emmett Ida. 83617
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

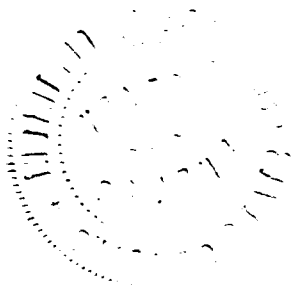
.....
(Street Address, City, State)

FORM DH 60-155

DEC 0 1 1978

Own daughter's birth certificate, state of birth is Idaho, #59-3252, born March 25, 1959, to Kenneth David Wills and Susie Ritter.
viewed by vs December 1, 1978

History of Idaho, Gem of the Mountains, Volume III, published by The S.J. Clarke Publishing Co., 1920. Page 341 lists Kenneth Wills as the child of Ruth Poole and James Albert Wills.
viewed by vs December 1, 1978



219-122-014464

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28781

County of Canyon

City of Emmett Registration District No. 6 File No.

No. St. Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	2 - 22 - 1915

FATHER

FULL NAME: Harley Bammes

RESIDENCE: Emmett Ida

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hazel Moden

RESIDENCE: same

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ida,

OCCUPATION: Hm

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) B. O. Clarkson

(Physician or midwife)

Address Emmett

Filed 4-6-1915 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-311736

215/29/014-619

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28782

Registration District No. 4 File No. _____

Primary Registration District No. 1010 Registered No. _____

FULL NAME OF CHILD Kenneth Lorain Sanders

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	1-29-1915

FATHER		MOTHER	
FULL NAME	Jay Sanders	FULL MAIDEN NAME	Rosie Tanner
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-4 1915 J. L. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-201-014-764

Form V. S. 1

PLACE OF BIRTH Amended 11/30/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28783

County of Canyon

City of [redacted] Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Billie Pattie Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	2-1-1915 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed N Jensen	FULL MAIDEN NAME	Hazel Gou
RESIDENCE	Middleton	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Hd

Number of child of this mother, including present birth ~~1st~~ 2 Number of children of this mother now living, including present birt

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clar

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emme

Filed 4-6-1915 J. L. Reynolds

Registrar

S-Y CO. 22656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/3/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

OCT 10 2 32 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 28783

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on 2/1915 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism and Family Record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 6-1964 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Jensen	Billie Pattie Jensen
Date	2/1915	2/1/15

Subscribed and sworn to before me this 9th day of October, 19 78

Eleanore M. Hunt

Notary Public, ~~Residing at~~ for Oregon

My commission expires 12/5/78

(Seal)

Signed Hazel E Jensen Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2324 SE 121 Portland OR 97216

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 78

Eleanore M. Hunt

Notary Public, ~~Residing at~~ for Oregon

My commission expires 12/5/78

(Seal)

Signed [signature] (Signature of Any Credible Person)

1026 S.E. 207th Gresham Ore.

(Street Address, City, State)

FORM DH 60-155

Certif of Baptism from the LDS Church gives name as Billie Pattie Brown duaghter of Edward Niels Jens n and Hazel Effie Goule born Feb 1, 1915 at Boise, Idaho. Baptized Nov 28, 1963 viewed by V. .S.

NOV 30 1978

Family group record for Donald Edward Brown and Billie Patty Jensen born Feb 1, 1915 at Middleton, Idaho. viewedby V. S.

Mom's name: keyed from info above
12/21/95 JMW

253-200-014-866

Form V. S. N

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28784

County of Canyon

City of Emmett

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Bessie Leona Kelley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	1915 2 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Kelley	FULL MAIDEN NAME	Jessie Hori
RESIDENCE	Emmett	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Iowa	BIRTHPLACE	Mont
OCCUPATION	Machinist	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

19

Filed 4-4 1915 J. L. Reynolds

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

mom's name keyed from info. on card 12-21-95 jw

914-102-014-866

Form V. S. No

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28785

County of Canyon

City of Emmett

Registration District No. E

File No.

No. ..... *St.*

Primary Registration District No. .....

Registered No.

Hospital .....

FULL NAME OF CHILD Ronald Paul Ramey ... -1915

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)
male	—		—	yes	March 2, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claud A. Ramey	FULL MAIDEN NAME	Silva R Ho[illegible]
RESIDENCE	Sweet Idy	RESIDENCE	Howard same
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Colo.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birt

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 4-6 1915 J. L. Reynolds

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

12-25-41

693-111-014-3B

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28786

County of Canyon

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD Hiram L. Wilbur 3/11/15

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)
male	—		—	yes	3

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry W Wilbur	FULL MAIDEN NAME	Nettie C. Ca
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY	33
BIRTHPLACE	Penn	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emme

Filed 4-6 1915 J. L. Raymond

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PUBLIC HEALTH ADVISER
FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

DAVID BURRELL, COMMISSIONER

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS, LAVA
IDAHO SOLDIERS' HOME, BOISE
NORTHERN IDAHO SANITARIUM,
OROFINO
STATE SCHOOL & COLONY, NAMPA

H. C. BALDRIDGE, GOVERNOR

September 26, 1927

RECEIVED SEP 30 1927

Mrs. Nettie C. Wilbur
Braymill, Oregon

Dear Madam:-

We are sorry to cause this delay, but upon looking up the certificate of birth of Hiram L. Wilbur, we find the certificate has been torn and some of the items are missing.

The certificate just gives March as the date of birth, and the date and year are missing. Also we are only able to make out part of your maiden name which is Nettie C.Ca_____; and your age at that time. Also the item "Number of child of this mother, including present birth" which is six, but we are unable to tell whether or not they are all living. If you will kindly let us have this information which is lacking, we shall forward the certificate at once.

Hoping this delay does not greatly inconvenience you, we wish to remain,

Respectfully,

DEPARTMENT OF PUBLIC WELFARE

David Burrell

David Burrell
State Registrar

PM

March 11, 1915 my name Nettie C Callender age 33
Hiram was 6th child. 1 child was dead at the time of his birth
No of children living 5

915-125-6 [redacted] 9

PLACE OF

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2807

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2001 Registered No. 13

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	March 26 1915

FATHER	MOTHER
FULL NAME: Arthur D Ravenzahn	FULL MAIDEN NAME: Pearl F Berlach
RESIDENCE: Winchester Idaho	RESIDENCE: Winchester Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Montana
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

19

Registrar

Filed April 1 1915 G S Stockton

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 343243

515-220-225-618

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 28788

No. ____ St.

Primary Registration District No. 2181 Registered No. 12

Hospital ____

FULL NAME OF CHILD Naomi Marie Van Horn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	March 20 1915

FATHER		MOTHER	
FULL NAME	Frank B Van Horn	FULL MAIDEN NAME	Elsie C Waymire
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Strellon

(Physician ~~or Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 1 1915 G S Strellon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1944

265-119-025-691

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28789

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 11

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	March 19 1915

FATHER		MOTHER	
FULL NAME	Clarence E Bonstrom	FULL MAIDEN NAME	Frankie Fern Fray
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Grangeville Idaho

Filed April 1 1915 G S Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 1 8 1971

299-107-025-995

PLACE OF BIRTH

Form V, S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28790

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 10

Hospital

FULL NAME OF CHILD Edmund Roland Briscoe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 7 1915

FATHER		MOTHER	
FULL NAME	George B Briscoe	FULL MAIDEN NAME	Katie Riebold
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Arkansas	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

Filed April 1 19 15 G S Stockton
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho }

Certificate No. 28790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Briscoe (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1915 (Date of Event) in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Edmund Roland Briscoe

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of February, 1973

James J. Beckman

Notary Public, residing at Feb 1 1975

My commission expires Grangeville

(Seal)

Signed Margaret F. Shira
(Signature of Any Credible Person)

512 So 4 - Grangeville, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2/5/73 ret'd check ($5)

Photo-copy fo page from familyxBBix Bible gives name as Edmund Roland Briscoe born March 7, 1915. Viewed by V. S.

MAR 2 8 1973

Insurance policy from Business Men's Assurance Company of American gives name as Edmund Roland Briscoe. Plicy dated Nov. 6, 1958. (policy no. 1528813) Born 3-7-15. Viewed by V. S.

343-111-014-79

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28791

County of Canyon

City of Parma

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 18

Hospital

FULL NAME OF CHILD Clarence Earl Tulley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Mar 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Allen Tulley	FULL MAIDEN NAME	Flossie Adeline Green
RESIDENCE	Parma	RESIDENCE	P.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	I.T.
OCCUPATION		OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Waldrop, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar. 20 1915 Lulu Waldrop
Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...GIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-202-[illegible]-453

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28792

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 14

Hospital

FULL NAME OF CHILD Georgia Anna Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar. 2 1915

FATHER		MOTHER	
FULL NAME	George E. Turner	FULL MAIDEN NAME	Louise M. DeLyria
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. V. Waldorf, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma

Filed March 3 1915 Lulu Walchorf
Registrar

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

819-204-014-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28793

County of Canyon

City of Roswell Precinct

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2007 Registered No. 16

Hospital —

FULL NAME OF CHILD Della Thelma Harrington

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes	Mar 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Harrington	FULL MAIDEN NAME	Maud Harrington
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar 14 1915 Lulu Waldrop Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1961

249-208-014-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28794

County of Canyon

City of Rargo Precinct

Registration District No. 2007 File No.

No. St.

Primary Registration District No. 3 Registered No. 16

Hospital

FULL NAME OF CHILD Frances Marion Burdick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes	Mar. (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. E. Burdick	FULL MAIDEN NAME	Christina Robinson
RESIDENCE	Rargo Precinct	RESIDENCE	Rargo
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Mar. 17 1915 Lulu Waldron Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 6 1971

MAY 27 1942

294-203-04-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28795

County of Chaves

City of Roswell Precinct

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2007 Registered No. 17

Hospital

FULL NAME OF CHILD Velma Simpson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	3 2 1915

(To be answered only in event of plural birth)

FATHER		MOTHER	
FULL NAME	Oscar C. Simpson	FULL MAIDEN NAME	Ada Foster
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. M on the date above stated.
(Born alive or stillborn)

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address

Filed Mar 17 1915 Lulu Waldrop Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-101-042-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28796

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Dale Webster McCalahan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	3-1-1915

FATHER		MOTHER	
FULL NAME	G. D. McCalahan	FULL MAIDEN NAME	Jessie Davidson
RESIDENCE	3 W. of D. Buhl	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:35 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Merrifield M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

.....19.....

Filed 3-5 1915 J. N. Merrifield Registrar

.....Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-102-042-286

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28797

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Harry Marsten CAMPBELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	3 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	M. L. ~~Campbell~~ CAMPBELL	FULL MAIDEN NAME	Marie Shriver
RESIDENCE	2 W. 4½ South. Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Oak.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.20 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 3-5 1915 J. T. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. R/2 Buhl
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Buhl (b) County Twin Falls
(c) City Buhl Ida
(d) Street Address or R.F.D. No. R/2
(e) How long has MOTHER lived in Idaho? 5 yrs. 5 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl Ida

4. FULL NAME OF CHILD Harry Marston Campbell

5. Date of Birth of Child (Month, day, year) March 2 1915

6. Sex male

7. Twin or Triplet single **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marston Loren Campbell
11. Color or Race white American
12. Age at time of THIS birth 18 yrs.
13. Birthplace Cario Neb (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Laura Shriver
17. Color or Race WHITE AMERICAN
18. Age at time of THIS birth 17 yrs.
19. Birthplace In Okla (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 A.M. on the date (Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Marie Campbell, who is related to this child as mother, etc. (First name) (Last name)

25. Attendant's OWN signature J. M. Murphy M.D. Midwife Address Twin Falls. Date 3-28-42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19 42 APR 18 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-102042-385

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28798

County of Twin Falls

City of Castleford

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2017

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Robert ~~Andrew~~ CHERRINGTON Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar. 2nd 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Foster Thomas	FULL MAIDEN NAME	Lowe ~~Charrington~~ CHERRINGTON
RESIDENCE	Castleford Idaho	RESIDENCE	Castleford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Springville Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 A.M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. K. Boynton
Nurse
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-15 1915 J. H. Murphy
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Elko

Certificate No. 28798

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Cherrington Thomas (Name on Original Certificate) who Born (Was Born or Died) on March 2, 1915 (Date of Event) in Castleford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on September 12, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Robert Andrew	Robert Cherrington Thomas
Mother's name	Charington	Lucinda Cherrington
Date	March 6th	March 2, 1915

Subscribed and sworn to before me this 26th day of August, 1942

Nila Bigler

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug 10, 1946.
(Seal)

Signed Lucinda Cherrington Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

585 E-11 St. Idaho Falls. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Elko

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of September, 1942

Walter Gale

Notary Public, residing at Mtn City Nev

My commission expires
(Seal)

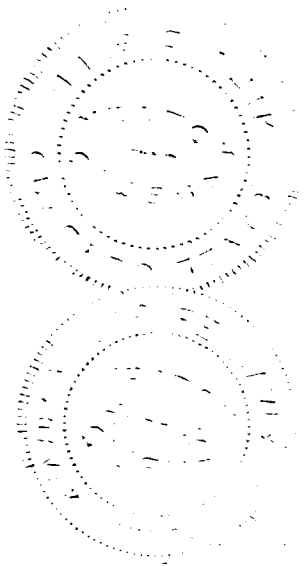
MY COMMISSION EXPIRES JAN. 18, 1945

Signed L. W. Lewis
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 6 1975

OCT 8 19



519-206-045-666

PLACE OF BIRTH Amended 3/8/77

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28799

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39

Primary Registration District No. 2087

File No. _____

Registered No. _____

FULL NAME OF CHILD Clara Bessie Naillon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twins.	1st	Yes.	3 – 6 1915

	FATHER	MOTHER
FULL NAME	R. V. Naillon.	FULL MAIDEN NAME Pearl Woody.
RESIDENCE	6 N. & W. Buhl.	RESIDENCE Same
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	30.	21
BIRTHPLACE	Texas.	BIRTHPLACE Texas
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10,45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Mumpley M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-8 1915 J. T. Mumpley Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. AUG 3 9 04 AM '76
County of ..... }

Certificate No. 28799

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clera Binnie Naillon (Name on Original Certificate) who was born (Was Born or Died) on Mar. 6, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Clera	~~Clara Binnie~~ Ciara Binie

Subscribed and sworn to before me this 5 day of August, 19 76

Notary Public, residing at Woodland
My commission expires Feb. 15, 1979
(Seal)

Signed Pearl Naillon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 614 Woodland, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of August, 19 76

Notary Public, residing at Woodland
My commission expires Aug. 13, 1979
(Seal)

Signed Margaret E. Counts
(Signature of Any Credible Person)

P.O. Box 466 Woodland, Wn
(Street Address, City, State)

CL 2/24/75

FORM DH 60-155

Church membership record from the LDS Church gives name as Clara Binie Turppa. born Mar 6, 1915 at Castleford, Id ho. father's name as Robert Naillon and mother'sname as Pearl Woody. Baptized Aug 17, 1930 viewed by V. S.

MAR 8 1977

Certif of Marriage from Washington gives name as John R. Buckner and Clara B. Nailoon. dated nov 6, 1936. viewed by V. S.

519-106-042-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28800

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Clarence Orton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	Twins (To be answered only in event of plural births)	2nd	yes.	3 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. T. Hallum	FULL MAIDEN NAME	Pearl Woody
RESIDENCE	6 D. 3½ W. Buhl.	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Texas.	BIRTHPLACE	Texas.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-8- 1915 J. N. Murphy Registrar

8-Y CO. 24655

APR · 0 1975

813-211-042-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 28801

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Pearl Mae

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G. L. Hall	FULL MAIDEN NAME	Cora Hansel
RESIDENCE	3 W - 4½ S Buhl	RESIDENCE	3 W - 4½ S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Greenleaf Kan	BIRTHPLACE	Greenvill Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-15 1915 J. A. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

666-111-042-769

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28862

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Jas. Earl Wood.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	3-11 1915

FATHER		MOTHER	
FULL NAME	J. E. Wood.	FULL MAIDEN NAME	Beatrice Gorrange
RESIDENCE	1 E ½ N. Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-15 1915 J. H. Murphy Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1955

666-114-042-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 28803

Primary Registration District No. 2077 Registered No. .....

FULL NAME OF CHILD Kenneth Earl Foosher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	3-14-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. C. Foosher	Nellie Frazure.
RESIDENCE	Buhl.	Dauer.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Iowa.	Iowa
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-15 1915 J. F. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-116-042-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28804

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Wesley Leni Durnil (Durnil)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar. 16 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Leni W. Durnil	Lana M. Clark
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Ill	Ida
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-28 1913 J. F. Murphy Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-217-042-433

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 28805

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Emily Mae Cobb.

Sex of Child: female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Mar 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Cobb	FULL MAIDEN NAME	Susan May McCauley
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhuter

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 3-20 1915 J. H. Newfley Registrar

..... Registrar

S-Y CO. 24655

AUG 2 1944

866-21-042-289

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 28806

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Blanche Marie Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	3-17-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. D. Howard, Jr.	Mary Shifflet.
RESIDENCE	3 E. A/R D. Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	O. W.	Kan
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumford. M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 3-23 1915 J. H. Mumford
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 28806

Date Filed .....

RECEIVED
FEB 17 1964
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1915 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Blanche Marie Howard

Subscribed and sworn to before me this 7th day of January, 1964

Marie L. St. Peter

Notary Public, residing at 3926 Tennyson

My commission expires My Commission expires April 4, 1966

(Seal)

Signed Marie Olive Howard (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3874 Sheridan Denver Colorado
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Mesa

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of February, 1964

Betty Lou Jaquis

Notary Public, residing at 28 Rood Ave. Gr. Jct. Colo.

My commission expires Aug 6, 1966

(Seal)

Signed Mrs. Fern Christensen
(Signature of Any Credible Person)

1015 Colo. Ave. Grand Junction Colo.
(Street Address, City, State)

FORM DH 60-155

1 Copy Pd. rec. #15769.

63-

Family Record gives name as Blanche Marie Howard born March 17, 1915 in Buhl, Idaho. Father W. D. Howard and Mother Marie Shiffler. Record obviously old. -Viewed by V.S.

FEB 5 1971

School Record gives name as Blanche Marie Howard. Attended 1915
Viewed by V.S.

994-221-042-645

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 28807

Primary Registration District No. 20 87 Registered No. _____

FULL NAME OF CHILD Clara Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Mar (Month) 21 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Geo L Zimmers	FULL MAIDEN NAME	Tillie Oderkerk
RESIDENCE	1 E - 4 N Buhl	RESIDENCE	1 E - 4 N Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Euclair Co Wis	BIRTHPLACE	Boon Co Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 3-31 1915 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1975

65-121-042-651

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 28808

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Darrell Darwin Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar 21 1915

FATHER	MOTHER
FULL NAME Clair D. Weaver	FULL MAIDEN NAME Ada Dell Weaver
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	AGE AT LAST BIRTHDAY 25 (Years)
COLOR white	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. Wellhuter

..... (Physician or midwife)

Address Buhl Idaho

Filed 3/31 1915

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

532-121-042-432

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted]DAHO
BUREAU OF [redacted]L STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 28809

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo L Elsleth	FULL MAIDEN NAME	Stella McKay
RESIDENCE	3½ S Buhl	RESIDENCE	3½ S Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Bangor Maine	BIRTHPLACE	Fillmore Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-31 1915 J. H. Kempfley
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-123:042-799

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288.0

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Clark L Prince

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	3-23-15

FATHER		MOTHER	
FULL NAME	J. M. Prince	FULL MAIDEN NAME	Anna Priebe
RESIDENCE	4 W. 1 S Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 4 o. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Murphy M. D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-23 1915 J. M. Murphy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1973

799-224-042-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28816

Registration District No. 39 File No. .....

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Virginia Prince

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank C. Prince	FULL MAIDEN NAME	Nellie Andrews
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuber
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Buhl Idaho

Filed 3-30 1915 J. N. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1970

AUG 2 3 1974

366-226-042-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28812

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lucile

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	3 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	V. T. Low	FULL MAIDEN NAME	Nellie Massey.
RESIDENCE	4 S. 2 W. Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 24. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-29 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-127-042-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 28813

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lester Alvin Fulwider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert A. Fulwider	FULL MAIDEN NAME	Effie Anna Jones
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 5-30 1915 J. A. Murphy Registrar

Registrar

S-Y CO. 24655

[redacted]

659-12-1042-719

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STICS

28816

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Richard Emery Weir

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	3-28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E. Weir.	Zada Parshall.
RESIDENCE	F/r W. Buhl.	Dana.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26.	27
BIRTHPLACE	Kan.	Wash.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-29 1915 J. F. Murphy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 2, 1940. E.W.

299-228-029-113

CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28817

County of Latah

City of near Deary

Registration District No. 63 File No.

No. St.

Primary Registration District No. 2143 Registered No. 64

Hospital

FULL NAME OF CHILD Alvira May Birchmier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 28 15

FATHER		MOTHER	
FULL NAME	Gus Birchmier	FULL MAIDEN NAME	Amy Jackson
RESIDENCE	near Deary Ida	RESIDENCE	Idaho
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M on the date above stated.

(Signature) John E. Hoyt M D

Kendrick Ida
(Physician or midwife)

Address

Filed April 2 19 15 J E Hoyt
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-120-029-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital #

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28818

Registration District No. 66 File No. 6

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3 (Month) – 20 (Day) – 1915 (Year)

FATHER		MOTHER	
FULL NAME	John William Sanderson	FULL MAIDEN NAME	Mary Julia Smith
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Machinist Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boun Alive at 9 A. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Bovill

Registrar

Filed 3/31 1915 J. L. Shampine
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-218-029-413

PLACE OF BIRTH

County of Latah

City of Bovill

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 5-28819

Primary Registration District No. 2146 Registered No. _____

FULL NAME OF CHILD Verna Roain Hays

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 18 1915

FATHER		MOTHER	
FULL NAME	Frank Hays	FULL MAIDEN NAME	Anna Dalberg
RESIDENCE	Bovill	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Junction Cty. Ouel	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:40 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) Lillian R. O'Keefe (Nurse)
(Physician or midwife)

Address Bovill Idaho

Filed Mch 31 1915 J. L. Champion Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1943

855-217-029-258

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 4 28820

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn May Hendley

Sex of Child Girl. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Date of Birth March (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Hendley	FULL MAIDEN NAME	Anna Beyers
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Peterborough Ont.	BIRTHPLACE	Deary. Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed Mch 30 1915 J. Champion Registrar

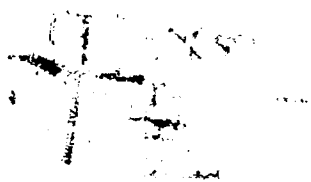
..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 29 1945

JAN 30 1945

225-004-266

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted] Lake

City of Paris

Registration District No. 53 File No. 28821

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gwendolin

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milonda Rich	FULL MAIDEN NAME	Clara Roford
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Ida

Filed 4-1-1915 J Sutton Registrar

..... Registrar

S-Y CO. 20175

65 [illegible] 205-204-45-4

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 53 File No. 28822

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Nanetta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Turner	FULL MAIDEN NAME	Ida Dennicott
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Cooley

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Ida

Filed 4-1-1915 R. J. Sutton

Registrar

S-Y CO. 20175

391-202-004-815

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 28823

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Myrth Crawford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Feural		yes	Feb 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ruel F. Crawford	FULL MAIDEN NAME	Laura Hansen
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wyoming.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cooley

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Ida

Filed 4-1-1915 J. Sutton Registrar

..... Registrar

S-Y CO. 20175

FEB 27 1968

8-3-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 11 40 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28823

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Crawford (Name on Original Certificate) who was born (Was Born or Died) on February 2, 1915 (Date of Event)

in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Myrth Crawford

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Elmont H. Crawford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September 1973

Notary Public, residing at Ovid, Idaho

My commission expires 8/13/77

(Seal)

Signed Amos B Hulme
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp. RUSH FC

Certificate of Baptism and Confirmation gives name as Myrth Crawford daughter of Ruel Crawford and Lena Hannie born Feb. 2, 1915 at Paris, Idaho. Baptized March 3, 1923in L.D.S. Church.
Viewed by V.S. SEP 12 1973

Marriage Certificate from Utah gives groom's name as Leo Irving Byington and the birde's name as Myrth Crawford. Dated Dec. 23, 1937. Viewed by V. S.

234-227-004-236

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 28824

Primary Registration District No. 432 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Stucker	FULL MAIDEN NAME	Louisa Stocker
RESIDENCE	P. P. I.	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cooley

M. P.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4-1 1915 A. P. Sutton
Registrar

Registrar

S-Y CO. 20175

652-206-004-446

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

28825

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD Thelma Weston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert R. Weston	FULL MAIDEN NAME	Roma Dunford
RESIDENCE	Lake Town, Utah	RESIDENCE	Lake Town Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lake Town	BIRTHPLACE	Bloomington
OCCUPATION	Miller	OCCUPATION	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Cooley M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Paris Ida

Filed 4-1 1915 R. J. Sutton Registrar

Registrar

S-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 24 11 47 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28825

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for UnnamedWeston (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 6, 1915 (Date of Event)
in Bloomington, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thelma Weston

Subscribed and sworn to before me this 22 day of Feb 1977.

Earl Weaver
Notary Public, residing at SLC, UTAH
My commission expires 10-3-77
(Seal)

Signed Thelma W. Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

575 Chicago St. S.L.C. Utah 84116
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of SALT LAKE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Feb, 1977.

Earl Weaver
Notary Public, residing at SLC, UTAH
My commission expires 10-3-77
(Seal)

Signed Faye H. Shields
(Signature of Any Credible Person)

924 West 600 No. S.L.C. Utah 84116
(Street Address, City, State)

FORM DH 60. 155 CL 2/10/77

Certif of Baptism and Confirmation from the LDS Church gives nameas Thelma Weston daughter of Herbert R. Weston and Karma Dunford. Born Feb 6, 1915 at Bloomington,Idaho. Baptized Feb 6, 1923. viewed by V.S.

date of birth

Transcript from Logan High school gives nameas Thelma Weston. ~~dr dred~~ Feb 6, 1915. datedfor 1932-1933. viewed by V. S.

MAR 8 1977

262-135 [redacted] 295

PLAC[redacted]

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 19 28828

No. _____ St.

Primary Registration District No. 2183 Registered No. _____

~~Hospital~~ Home

FULL NAME OF CHILD Edward Joseph Bosse

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Bosse	FULL MAIDEN NAME	Mary Kinzer
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Lively Growth Ill.	BIRTHPLACE	Cold Springs Minn.
OCCUPATION	Farming	OCCUPATION	House wife.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Cottonwood Ida.

Filed Mch 1st 1915 H B Blake

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866 [illegible] 866

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28829

County of Idaho

City of Fenn

No. ..... St.

~~Hospital~~ Home

Registration District No. 105

File No. .....

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Homer Harold Howard

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Harold Howard	FULL MAIDEN NAME	Maude Rowe
RESIDENCE	Fenn, Idaho	RESIDENCE	Fenn Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Grangeville Ida.	BIRTHPLACE	Grangeville Idaho
OCCUPATION	Stock Raising	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Mch 1st 1915

H B Blake
Registrar

..... Registrar

S-Y CO. 24636

28824

ited States — (Be sure the information is as of date of birth of THIS child) — State File No.
partment of Comme NOV 19 — CERTIFICATE OF BIRTH — Local Reg. No.
reau of Census — STATE OF IDAHO — Reg. Dist. No.

PLACE OF BIRTH RECEIVED
(a) County Idaho (b) City Fenn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
T. E. Rowe
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 60 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs
(f) Mother's mailing address deceased
3. RESIDENCE of FATHER (city, state) Riggins, I

FULL NAME OF CHILD HOMER HAROLD HOWARD
5. Date of Birth (Month, day year) 2-22-15
Sex M — 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy — 9. Legitimate? yes

FATHER OF CHILD
FULL NAME Lewis Harold Howard
Color or Race WHITE — 12. Age at time of THIS birth yrs.
Birthplace FENN (City or town) IDAHO (State or foreign country)
Exact Occupation LABORER
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MAUDE ROWE
17. Color or Race WHITE — 18. Age at time of THIS birth 32 yrs
19. Birthplace GRANGEVILLE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At this birth and including this child (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is
related to this child as (Mother, etc.)

(a) NOV 19 '25 (Date received) (b) (Registrar's signature)

Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature Wesley F. Orr M.D. (D.O., Midwife, etc.)
and address Date Nov 12

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-227025995

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ~~Cottonwood~~

No. Grangeville St.

Registration District No. 105

Primary Registration District No. 2183

File No. 21 28830

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD ~~Walter~~ Martha Marie Stallinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Stallinger	FULL MAIDEN NAME	Mary Zietzelsberger
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed Mch 6 1915 H. W. Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 100174

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Malta Marie Starlinger	Martha Marie Stallinger
birthplace	Cottonwood	Grangeville, Idaho

Subscribed and sworn to before me this 15 day of Jan. 1945

John L. Kellogs
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-1945
(Seal)

Signed Mary Stallinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Jan. 1945

John L. Kellogs
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-1945
(Seal)

Signed George Stallinger
(Signature of Any Credible Person Other Than Previous Year)

Cottonwood, Idaho
(Street Address, City, State)

JAN 2 3 1945

238-104-025-231

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

~~Hospital~~ Home

Registration District No. 105 — File No. 22 28831

Primary Registration District No. 2183 — Registered No. .....

FULL NAME OF CHILD Richard Edward Leo Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 4 1915

FATHER		MOTHER	
FULL NAME	John Jacob Schneider	FULL MAIDEN NAME	Susanna Klapprich
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Switzerland	BIRTHPLACE	Bismark N. Dak.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 6th — Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Mch 14 1915 — H. B. Blake, Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1973

495·213·025·318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28832

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 23

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD Daisy Dean Diel

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Jacob Diel	FULL MAIDEN NAME	Cora Ellen Layton
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Gravid Ark.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Mch 17 1915 H B Blake

Registrar

Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-222-025-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

24 28833

Registration District No. 105 File No.

No. St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD Sophia Selma Thorell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Mch 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Karl Thorell	FULL MAIDEN NAME	Mary Stevens
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phy
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Idaho

Registrar

Filed Mch 28 1915 H B Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

158.214.035

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 92 File No. 3 28834

No. ____ St.

Primary Registration District No. 2170 Registered No. 9

Hospital ____

FULL NAME OF CHILD Alma Dehning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	S	X	Yes	3 14 1915

FATHER	MOTHER
FULL NAME: 2William H. Dehning	FULL MAIDEN NAME: Mary Damman
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 1, P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts,

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

..... Registrar

Filed 3/14/ 19 15 E.E.Watts, Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

RELEASED

445.108.03-545

PLACE OF BIRTH

Form V. S. Nov 21-c-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28835

County of Nez Perce

City of Gifford

Registration District No. 92 File No. 3

No. St.

Primary Registration District No. 2170 Registered No. 8

Hospital

FULL NAME OF CHILD Noel Orval Munden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	S	X	Yes	Mar 8 1915

FATHER	MOTHER
FULL NAME: Ralph W. Munden	FULL MAIDEN NAME: Gladys Bundy
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 11/45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 3/8 1915 E.E.Watts

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 28835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Noel Orval Munden (Name on Original Certificate) who Born (Was Born or Died) on 3-8-1914 (Date of Event)
in Pullman (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Noel Munden	Noel Orval Munden

Subscribed and sworn to before me this 3rd
day of January, 19 45

Notary Public, residing at Farmington, Wash.

My commission expires August 14, 1945
(Seal)

Signed Ralph W. Munden.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Farmington, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of January, 19 45

Notary Public, residing at Farmington

My commission expires
(Seal)

Signed E. W. Barnes
(Signature of Any Credible Person Other Than Previous Year)

Clarkston Washington
(Street Address, City, State)

MAR 2 1945

JAN 30 1973

MAR 6 1945

134-229-035-986

Amended 10/24/73

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Agatha, Ida

Registration District No. 92

File No. 28836

No. _____ St.

Primary Registration District No. 2170

Registered No. 12

Hospital _____

FULL NAME OF CHILD Zella Frances Aldrich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	3 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elry F. Aldrich	FULL MAIDEN NAME	Carrie F. Rhett
RESIDENCE	Agatha, Ida.	RESIDENCE	Agatha, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 11 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kennington, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Gifford, Idaho.

Filed 4-3 1915

E. E. Watts
Registrar

Registrar

9-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 18 11 44 AM '67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Stevens

Certificate No. 28836

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Aldrich (girl child) (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1915 (Date of Event)
in Agatha, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Zella Frances Aldrich
Child's Date of Birth	March 25, 1915	March 29, 1915
Father's First Name	Elery	Elry

Subscribed and sworn to before me this 23rd day of October, 19 67.

Notary Public, residing at Colville, Wn.
My commission expires 9/24/69
(Seal)

Signed Lenore Roberson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
358 N. Elm St. Colville Wn. 99114
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

CL 10-6-67. one copy pd. rec. #20620.

FORM DH 60-155

Family record fives name as Zella Frances Aldrich born March 29, 1915. father's name given as Elry F. Aldrich and mother's name as Carrie Rhett. Viewed By VS

OCT 24 1973

letter from Fortuna Union High School, Fortuna, California gives name as Zella Frances Aldrich. born March 29, 1915. Viewed by V. S.

692-218-035-655

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28831

County of Nez Perce

City of Gifford, Ida.

Registration District No. 92 File No. 3

No. ..... St.

Primary Registration District No. 2170 Registered No. 11

Hospital .....

FULL NAME OF CHILD Floy Marie Wise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	March 18th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hayley Wise	FULL MAIDEN NAME	Floy Lewer
RESIDENCE	Gifford, Idaho	RESIDENCE	Gifford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 4:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gifford, Ida

Filed 4-3 1915 E. E. Watts
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 9/8/43 JD

313-102-001-119

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

Near City of Boise

No. R. F. D. #2 St.

Registration District No. 8

File No. 28839

Primary Registration District No. 2004

Registered No. 5

Hospital

FULL NAME OF CHILD Joseph Hoyle Latimore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas S. Latimore	FULL MAIDEN NAME	Sallie Jarnagin
RESIDENCE	Rural #2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lee Cormick

(Nurse)
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed Feb 13 1915 M S Parker
Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/13/41. w.h.

155·20 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Beuch

No. ..... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 2004

File No. 28840

Registered No. ~~53~~ 6

FULL NAME OF CHILD Velma Mae Jennings

Sex of Child Female

Twin Triplet or other? and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Jennings	FULL MAIDEN NAME	Elsie Smith
RESIDENCE	Ada County	RESIDENCE	Ada County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise, Ida

Filed Feb 13 1915

M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1945

FEB 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-208-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28841

County of Ada

City of Holcomb School Dis.

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. ~~54~~ 7

Hospital

FULL NAME OF CHILD Lena May Permenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Feb (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm L. Permenter	FULL MAIDEN NAME	Emma R. Carr
RESIDENCE	Holcomb School Dis	RESIDENCE	Holcomb School Dis
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 12.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Bodie Ida

Filed 2-27 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

APR 27 1943

APR 15 1947

JUL 18 1955

JAN 5 1959

153204100-384

PLACE OF BIRTH

County of Ada

City of Boise

No. 613 Id. St.

Hospital

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28842

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 33

FULL NAME OF CHILD Milagros Anchustegui

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	2 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jacinto Anchustegui	FULL MAIDEN NAME	Stephana Churruca
RESIDENCE	Spring Valley	RESIDENCE	Spring Valley
COLOR	Yes	COLOR	Yes
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Spain Basco	BIRTHPLACE	Spain Baso
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Paseng Er

(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed 2/28 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JAN 21 1974

294-226-60-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28844

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 34

Hospital St. Luke's Hosp.

FULL NAME OF CHILD Louise Bernice Simonsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	1.	2nd	Yes.	1 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marshal C. Simonsen.	FULL MAIDEN NAME	Louise Bernice Lemp.
RESIDENCE	1818 Wash. St.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salem Ill.	BIRTHPLACE	Boise Idaho.
OCCUPATION	Draftsman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at Noon M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9/28 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 NAMES

791-131-001-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1606 N 12 St.

Hospital

Registration District No. 2 File No. 28845

Primary Registration District No. 1004 Registered No. 35

FULL NAME OF CHILD Francis Joseph Pratt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 31 1915

FATHER		MOTHER	
FULL NAME	Arthur F Pratt	FULL MAIDEN NAME	Ethel M Saunders
RESIDENCE	1606 N 12	RESIDENCE	1606 N 12 St
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Id.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Pelling Ex

(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed 2/28 1915 [signature] Registrar

Registrar

S-Y CO. 24655

-SERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 28845
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
(Birth or Death)
for ..... who ..... on .....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Pratt	Francis Joseph Pratt
Mother's Name	Ethel M. Saunders	Ethel M. Sanders

Subscribed and sworn to before me this 7th day of May, 1948

Notary Public, residing at Boise Ida

My commission expires May 7 - 1949

(Seal)

Signed Edith J. Hearne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

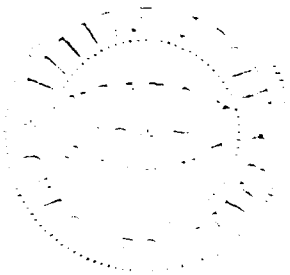
Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAY 7 1945



553.101.001-899

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28846

County of Ada

City of Boise

No. 1809 Wash. St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 36

FULL NAME OF CHILD Seymour Roland Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1		2	Yes	Feb 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seymour Roland Nelson	FULL MAIDEN NAME	Ethel Grisham Nelson
RESIDENCE	1809 Wash. St.	RESIDENCE	1809 Wash. St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Everton Mo.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas L. Stewart

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 2/28 1915 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

JUN 9 1943

293.225.00-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 807 Grove St.

Hospital

Registration District No. 2

File No. 28848

Primary Registration District No. 1004

Registered No. 38

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	1 ~~24~~ 25 1915

FATHER		MOTHER	
FULL NAME	Vicente Bilbao	FULL MAIDEN NAME	Avelina Bengochia
RESIDENCE	807 Grove st.	RESIDENCE	807 Grove
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Spain (Basco)	BIRTHPLACE	Spain (Basco)
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pilling Ex

(Physician or midwife)

Given names added from a supplemental report.

19

Address Salt Bldg

Filed 1/28 1915 [illegible]

Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-128001-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 2622 Madison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28849

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 39

FULL NAME OF CHILD Ernest Edmund Oberbillig

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male / Male	Twins	Male / Male	yes	1 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Oberbillig	FULL MAIDEN NAME	Edith G. Kelley
RESIDENCE	2622 Madison St	RESIDENCE	2622 Madison
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 30 P M on the date above stated.

(Signature) Fred A. Pittinger

(Physician or midwife)

Address Falk Bldg

Filed 2/28 1915 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-T CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1967

FEB 5 1951

AUG 27 1974

349.103.001-349

PLACE OF BIRTH

Form V. S. No. 11-C—28m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28850

County of Ada

City of Boise

No. 107 Jefferson St.

Hospital

Registration District No. 2 **File No.**

Primary Registration District No. 1004 **Registered No.** 40

FULL NAME OF CHILD William Lee Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 3rd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Lee Turner	FULL MAIDEN NAME	Grace B. Turner
RESIDENCE	107 Jefferson St	RESIDENCE	107 Jefferson St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo	BIRTHPLACE	Ia
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 2/28 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

846-230-00 [redacted] 25m-1-1-18

PLACE OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28851

County of* Ada

City of Boise

No. 1210 Redenbaugh St.

Hospital —

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 41

FULL NAME OF CHILD Ruby Charlotte Huffman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Jan 30th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Huffman	FULL MAIDEN NAME	Bessie Barker
RESIDENCE	Mayfield, Elmore Co.	RESIDENCE	Mayfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 07 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 28851
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Ruby Charlotte (Name on original certificate) who was born (Was born or died) on Jan. 30. 1915 (Date of event) in Ada County (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Mar. 1st 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		Ruby
[illegible]	Jan. 30, 1915	Jan. 30, 1915

Subscribed and sworn to before me this 12th day of Nov., 1941
M. C. Baldridge
Notary Public, residing at Parma
My commission expires 1-5-45
[SEAL]

Signed Bessie Sackett Huffman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Parma Idaho Rt. #2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Nov., 1941
M. C. Baldridge
Notary Public, residing at Parma
My commission expires 1-5-45
[SEAL]

Signed Coretta Williams
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on ..... By ..... (Registrar's signature)

399-127-001-659

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 611 Brumback St.

Hospital

Registration District No. 2

File No. 28852

Primary Registration District No. 1004

Registered No. 42

FULL NAME OF CHILD Thomas Aitchison Gill

Sex of Child: Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Jan (Month) 27th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas W. Gill	FULL MAIDEN NAME	Elizabeth M. Ferguson
RESIDENCE	611 Brumback	RESIDENCE	611 Brumback
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 16, 1940 L.B.

331-105-001-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28853

County of Ada

City of Boise

No. 418 So. 12th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 43

FULL NAME OF CHILD ~~Wayne Curtis~~ Elmer Leo Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	— and —	—	yes	Feb (Month) 5th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer L. Clark	FULL MAIDEN NAME	Dunica Thompson
RESIDENCE	Vale - Oregon	RESIDENCE	Vale, Oregon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Immature (Born alive or stillborn) at 7:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 2/28/15

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-217-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28854

County of ADA

City of

Registration District No. 2

File No.

No. St.

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 44

FULL NAME OF CHILD Adeline Myrtle Estes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 17 1915

FATHER		MOTHER	
FULL NAME	Charles Otis Estes	FULL MAIDEN NAME	Dora Elizabeth Stack
RESIDENCE	Ada County	RESIDENCE	Ada County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	Kansas
OCCUPATION	Night watchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician (Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Feb 24 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1972

251-108-001-499

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 28855

Registered No. 45

FULL NAME OF CHILD Charles William Keaster

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes	Feb. 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. O. Keaster	FULL MAIDEN NAME	Helena M. Driscoll
RESIDENCE	409 1/2 Myrtle St.	RESIDENCE	409 1/2 Myrtle St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Insurance agent	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed 2/28 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-102-001-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of South Boise

No. 3rd & Division St.

Hospital

Registration District No. 2

File No. 28856

Primary Registration District No. 1004

Registered No. 46

FULL NAME OF CHILD ~~James~~ Edgar R. Rankin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Feb. 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard E. Rankin	FULL MAIDEN NAME	Bertha Crouk
RESIDENCE	3 & Division - South Boise	RESIDENCE	3rd & Division - South Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Tuley
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

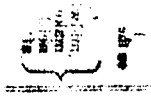
Filed 2/28 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 28856

Date Filed 5-11

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for James Edgar Rankin (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 2, 1915 (DATE OF EVENT)
in Boise, Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH" ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James Edgar Rankin	Edgar R. Rankin

Subscribed and sworn to before me this 11th
day of April, 1942

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs. Bertha Reber
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 1946

MAY 3 1960

DEC 30 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113 228'00-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28857

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 47

FULL NAME OF CHILD Helen Elizabeth MacKenzie

Sex of Child 7

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1 (Month) - 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alexander Duncan Mac Kenzie	FULL MAIDEN NAME	Elizabeth Jack
RESIDENCE	24th O'Farrell	RESIDENCE	24 O'Farrell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Agt. Balfour, & Guthrie	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 2/28 1915 [signature] Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

County of Ada

City of Boise

Registration District No. 2

File No. 28858

No. 1035 W. S. Ave

Primary Registration District No. 1004

Registered No. 48

Hospital

FULL NAME OF CHILD Elizabeth Lee Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes.	Feb. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo M. Smith	FULL MAIDEN NAME	Creola L. Widner
RESIDENCE	1035 W. S. Ave.	RESIDENCE	1035 W. S. Ave.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... at 11:30 P.M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 2/28 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

JUL 31

JAN 23 1964

814-108004-415

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28859
Local Reg. No.
Reg. Dist. No. 2

Amended 2/21/74

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ralph
b. (Middle): W.
c. (Last): Hammer

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 8, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle): J.
c. (Last): Hammer

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Davis

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): England

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John Boeck

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2/28/15

22. REGISTRAR'S SIGNATURE: M. S. Parker

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 8:45 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

11-26-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 19 4 17 PM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28859

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fredrick J. Hammer (Name on Original Certificate) who was born (Was Born or Died) on Feb. 8, 1915 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Fredrick J. Hammer	Ralph W. Hammer

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elizabeth J. Hammer Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

204 Cherry Ln, Albany Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 19 74

Notary Public, residing at Albany, Oregon
My commission expires 4/16/76
(Seal)

Signed Patricia M. Sabre Sister
(Signature of Any Credible Person)

204 Cherry Lane Albany Ore
(Street Address, City, State)

FORM DH 60-155 Tel. call - no corresp. RUSH

St. John's Cathedral Certificate of Baptism gives name as Ralph William Hammer child of Frederick Hammer and Elizabeth Davis. Born Feb. 8, 1915. Was Baptized Feb. 17, 1915. Viewed by V. S.

Honorable Discharge from U.S. Army gives name as Ralph W. Hammer. separated Jan. 10, 1946. born Feb. 8, 1915. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 28859

Primary Registration District No. 1004

Registered No. 49

FULL NAME OF CHILD Fredrick J. Hammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Feb. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred J. Hammer	FULL MAIDEN NAME	Elizabeth Davis
RESIDENCE	Boise Idaho.	RESIDENCE	Boise Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England.
OCCUPATION	farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 8.45 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Boise

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [signature]

Registrar

S-Y CO. 24655

FEB 21 1974

249-231-od-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28860

County of Ada

City of Boise

No. St. Lukes Hospl.

Hospital "

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 50

FULL NAME OF CHILD Mary Elizabeth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	/	First	Yes.	Jan 31 1919

FATHER	MOTHER
FULL NAME: Daniel Sidney Smith	FULL MAIDEN NAME: Otta Elizabeth Gooding
RESIDENCE: Shoshone	RESIDENCE: Shoshone
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Ketchum
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. Wm F. Smith

(Physician or midwife)

Address

Filed 2-17 1919

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1975

SEP 1 5 1944

493212 004-278

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 28861

No. ..... St.

Primary Registration District No. 1004

Registered No. 51

Hospital St. Lukes Hospi-

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	2nd "	Yes.	Feb. 12 1915

FATHER	MOTHER
FULL NAME Richard Earl Michelwait	FULL MAIDEN NAME Lydia Hermena Schwoner.
RESIDENCE Richfield	RESIDENCE Richfield.
COLOR White	AGE AT LAST BIRTHDAY ..... (Years)
COLOR White	AGE AT LAST BIRTHDAY 32. (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska.
OCCUPATION Real Estate.	OCCUPATION Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2. P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas. L. Stewart.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed Feb 17 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1976

255-111-001-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1916 State St.

Hospital —

Registration District No. 2 File No. 28862

Primary Registration District No. 1004 Registered No. 52

FULL NAME OF CHILD Wilber Vernon Benson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb (Month) 11th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	V. M. Benson	FULL MAIDEN NAME	Edith E. Rose
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	R. R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

Feb 27 1915

M S Parker
Registrar

Address Boise Idaho

Filed 2/28 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1945
JAN 5 1942
APR 26 1957
MAR 5 - 1954
MAY
JAN 10 1952

639-121-001-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 710 Grove St.

Hospital

Registration District No. 2

File No. 28863

Primary Registration District No. 1004

Registered No. 53

FULL NAME OF CHILD Carl Antoine Ilich

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Feb (Month), 21 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nick Ilich	FULL MAIDEN NAME	Matilda Davis
RESIDENCE	710 Grove St	RESIDENCE	710 Grove St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria Hungary	BIRTHPLACE	Austria Hungary
OCCUPATION	Workman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Collard M.D.

physician (Physician or Midwife)

Address Empire Bldg

Filed 2/28 1915 [signature] Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493.111.00A-259
PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2707 Heron St.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 100A

File No. 28864

Registered No. 54

FULL NAME OF CHILD Harry Benjamin Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Feb. 11. 1915.

FATHER

FULL NAME: Harry Miller.

RESIDENCE: 2707 Heron

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Colo.

OCCUPATION: Electrician

MOTHER

FULL MAIDEN NAME: Ruth G. Knight.

RESIDENCE: 2707 Heron.

COLOR: W.

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Neb.

OCCUPATION: H.W.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 3 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baeck

(Physician or [redacted])

Address [illegible]

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/28 19 15 [illegible] Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-216100-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1617 Wash St.

Hospital

Registration District No. 2

File No. 28866

Primary Registration District No. 1004

Registered No. 56

FULL NAME OF CHILD Mary C Kenney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Feb 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph R. Kenney	FULL MAIDEN NAME	Ella C Folz
RESIDENCE	1617 Wash.	RESIDENCE	1617 Wash.
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Wis
OCCUPATION	Clerk.	OCCUPATION	H.W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]E*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 P.M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Black

(Physician [redacted])

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-223-001-225

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1918 No. 10½ St.

Hospital

Registration District No. 2 File No. 28867

Primary Registration District No. 1004 Registered No. 57

FULL NAME OF CHILD Grace Lucile Dillaway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Feb 23rd 1916

FATHER		MOTHER	
FULL NAME	R. H. Dillaway	FULL MAIDEN NAME	Susan C. Skeen
RESIDENCE	1918 No. 10½ St.	RESIDENCE	1918 No. 10½ St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13th (one pair of twins)

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.45 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/28 1916 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1953

855 121 001-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1129 River *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 28868

Registered No. 58

FULL NAME OF CHILD Charles Emil Yensen.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes.	Jan (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. N. Yensen.	FULL MAIDEN NAME	Anna L. Benton
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebr.	BIRTHPLACE	Mont.
OCCUPATION	Labour	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Naugle M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 303 McCarty Bldg.

Filed 2/28 1915 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWP081915 29502

818-115-00-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1812 N 20 St.

Hospital

Registration District No. 2

File No. 28869

Primary Registration District No. 1004

Registered No. 59

FULL NAME OF CHILD Franklin B. Hayes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John N Hayes	FULL MAIDEN NAME	Nancy E. Lane
RESIDENCE	1812 N 20	RESIDENCE	1812 N 20
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... at 3.15 a M on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baeck

(Physician [redacted])

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

hn Boeck, M. D.

26669

Boise, Idaho, Nov. 18th 1934

The birth certificate of Franklin B. Hays contains his mothers name as:
Nancy L. Lane — this should read:
Nancie E Lane — please correct same

John Boeck M.D.

314113-001-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1213 N 11 *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 28870

Registered No. 60

FULL NAME OF CHILD Samuel Clauson Cameron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm E Cameron	FULL MAIDEN NAME	Mary A Clauson
RESIDENCE	1213 N 11	RESIDENCE	1213 N 11
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Pa
OCCUPATION	Attorney	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... at 11.30 P.M on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician [redacted])

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 2/28 1915 [signature]

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1967

JUL 19 1967

MAY 27 1942

366-104-100.249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28871

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 61

FULL NAME OF CHILD George Logan Coon, Jr.,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 4 1915

FATHER	MOTHER
FULL NAME: George Logan Coon	FULL MAIDEN NAME: Belle Burkett ~~Mt~~ Burkett
RESIDENCE: Middleton	RESIDENCE: Middleton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 51 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Address Boise, Idaho---Fatt Building

Given names added from a supplemental report.

..... 19.....

Filed 2/28 19 15

..... Registrar

..... Registrar

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

3/20/41 L. B. Called Hospital for verifecation of Date of Bir

816-228-003-356

PLACE OF BIRTH
Amended 2-14-78

[redacted] Form V. S. No. 11-C-[illegible]-8-7-1[illegible]

[redacted]O
[redacted]stics
CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

No ....., ... St.

Hospital .....

Registration District No 11 File No. 28874

Primary Registration District No. 2046 Registered No. 68

FULL NAME OF CHILD Neva Hawes

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	Yes	Feb. 28, 1915

FATHER		MOTHER	
FULL NAME	~~Female~~ John Hawes Jr	FULL MAIDEN NAME	Ethel Jane Lewis
RESIDENCE	Swan Lake	RESIDENCE	Swan Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Swan Lake	BIRTHPLACE	Richmond
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born A Live (Born alive or stillborn), at 6 o'clock P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Oxford Idaho

Eric Kanes
Registrar

Filed Mch 10, 1915 Eric Kanes

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Amended

Form V.S

STATE OF IDAHO

CERTIFICATE

Indication

Primary Registr

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 28874

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Eva Hawes (Name on Original Certificate) who was born (Was Born or Died) on February 28, 1915 (Date of Event) in Swan Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	Eva Hawes	Neva Hawes

Subscribed and sworn to before me this 9th day of February, 1978

Lavon L Warner

Notary Public, residing at Aberdeen

My commission expires 7-7-78

(Seal)

Signed Ernest J Tandratter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho 83210

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1978

Lavon L Warner

Notary Public, residing at Aberdeen

My commission expires 7-7-78

(Seal)

Signed Sanford J Vargason

(Signature of Any Credible Person)

Aberdeen Idaho

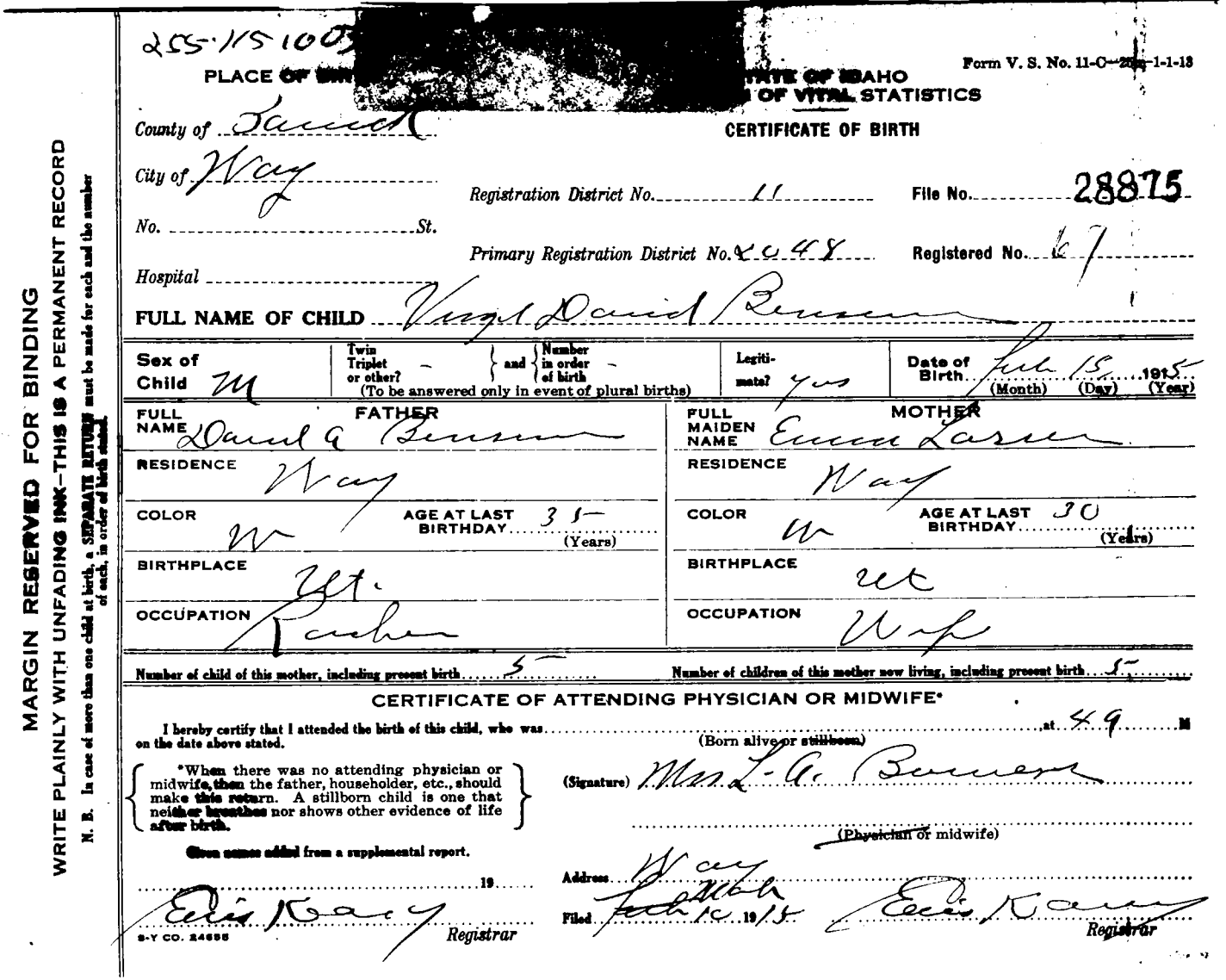
(Street Address, City, State)

FORM DH 60-155

1/31/78

Church Record gives name as Neva Hawes born toJohn Hawes and Ethel Jane Lewis.
Blessed June 6, 1915, Baptized Sept. 30, 1923 and Confirmed October 7, 1923.
Viewed by V.S.

Certificate of Marriage gives name as Neva Hawes married to Eldon Ellsworth Rutge
on May 18, 1932 in County of Cache, Salt Lake City, Utah.
Viewed by V.S.



255-115100[redacted]

PLACE OF [redacted] [redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

Form V. S. No. 11-C—2[redacted]-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of Sauk

City of Way

No. ..... St.

Hospital .....

Registration District No. 11 File No. 28875

Primary Registration District No. 2048 Registered No. 67

FULL NAME OF CHILD Virgil David Benson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Feb 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David A Benson	FULL MAIDEN NAME	Emma Larsen
RESIDENCE	Way	RESIDENCE	Way
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 49 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. A. Bowers

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Way

Filed Feb 10 1915

Eric Kary Registrar

Eric Kary Registrar

S-Y CO. 24655

FEB 1 0 1972

572-116-003-845

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 28876

Primary Registration District No. 2048 Registered No. 66

FULL NAME OF CHILD John Egbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Egbert	FULL MAIDEN NAME	Lillian Hautsinger
RESIDENCE	Thatcher	RESIDENCE	Thatcher
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11.9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Sedan Springs

Ellis Kaney
Registrar

Filed March 10, 1915 Ellis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-M-003249

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 28877

Primary Registration District No. 2048 Registered No. 63

FULL NAME OF CHILD Seth Grant

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	yes	March 1, 1915

FATHER	MOTHER
FULL NAME Seth G. Grant	FULL MAIDEN NAME Lydia Smith
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9:30 A M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report.

_____ 19____

Ellis Kaney
Registrar

Filed March 19, 1915

Ellis Kaney
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-007-249

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28878

Registration District No. 11 File No. _____

Primary Registration District No. 2048 Registered No. 64

FULL NAME OF CHILD Alice Smith

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Fr	2nd (To be answered only in event of plural births)	yes	Mch 1, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Selbe Smith	FULL MAIDEN NAME	Lydia Smith
RESIDENCE	Thatcher, Id.	RESIDENCE	Thatcher, Id.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ut. Idaho
OCCUPATION	Rusher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 9 M on the date above stated.

(~~Born~~ alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elias Kaney

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Soda Springs

Elias Kaney Registrar

Filed Mch 10, 1915 Elias Kaney Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-105-003-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bear

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 28879

Primary Registration District No. 2048 Registered No. 63

FULL NAME OF CHILD Fred Christensen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Mar 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Christensen	FULL MAIDEN NAME	Clara Call
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	M	COLOR	M
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rubber	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kaarly

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kaarly Registrar

Address Soda Springs

Filed Mch 10, 1915 Eric Kaarly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-107-019-599

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Registration District No. .....

File No. 28887

Primary Registration District No. .....

Registered No. 126

Hospital .....

FULL NAME OF CHILD —

Sex of Child: Boy	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar 7 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Enrique Sovala	FULL MAIDEN NAME	Marie Eriscata
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. E. Mason
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 8 1915 C. L. Kirtley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 9 1976

451-222-019-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. _____ File No. 28888

No. _____ St.

Primary Registration District No. _____ Registered No. 126

Hospital _____

FULL NAME OF CHILD Inez Laurene Meadows

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Feb 22 1915

FATHER		MOTHER	
FULL NAME	Robert Meadows	FULL MAIDEN NAME	Cora Kester
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kan.
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. Emason
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed March 16 1915 C. L. Hirthy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1945

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 3 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Inez Laurene Meadows

5. Date of Birth of Child (Month, day, year) Feb. 22. 1915

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Meadows
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Polk County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Inez Kester
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Greenwood County, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of California
County of Ventura } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all life years, and that Dr. Wade (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora I. Meadows Signature

56 Stanley Dr., Ventura, Cal. P. O. Address

Subscribed and sworn to before me this 5 day of July, 19 45.

(SEAL) ..... Notary Public, residing at Ventura, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-123-2019-2019

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. _____ File No. 28889

No. _____ St.

Primary Registration District No. _____ Registered No. 129

Hospital _____

FULL NAME OF CHILD Daniel A. ~~Burnett~~ Allen McKendrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 23 1915

FATHER

FULL NAME: Claud S. McKendrick

RESIDENCE: Challis

COLOR: Wh. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Hannah M. Burnett

RESIDENCE: Challis

COLOR: Wh. AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: H.wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Kirtley M.D

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Challis

Filed March 5th. 1915 C. B. Kirtley Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-21-19-494

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. _____ File No. 28890

No. _____ St.

Primary Registration District No. _____ Registered No. 128

Hospital _____

FULL NAME OF CHILD Not named AUGUSTA MARY ARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	March 11 1915

FATHER

FULL NAME James M. Arter

RESIDENCE Ellis, Ida,

COLOR Wh. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Pa.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Myrtle Midkiff

RESIDENCE Ellis, Ida.

COLOR Wh AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Okla.

OCCUPATION H.wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Kirtley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Challis

Filed Mar. 21 1915 C. S. Kirtley

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Clark } ss.

Certificate No. 28899 D

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Augusta Mary ~~xxxx~~ Arter (Name on Original Certificate) who born (Was Born or Died) on March 11th 1915 (Date of Event)
in Challis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Augusta Mary Arter

Subscribed and sworn to before me this 12th ~~13th~~
day of May 1943.

Notary Public, residing at Battle Ground, Wn-
My commission expires 9-26-1945.
(Seal)

Signed Myrtle Mary Arter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Battle Ground, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Clark } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

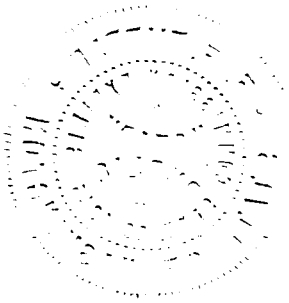
Subscribed and sworn to before me this 12th
day of May 1943.

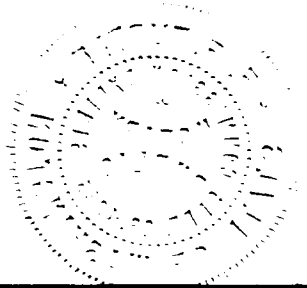
Notary Public, residing at Battle Ground, Wn-
My commission expires 9-26 1945.
(Seal)

Signed John M. Arter
(Signature of Any Credible Person Other Than Previous Year)

Battle Ground, Washington
(Street Address, City, State)

MAY 17 1943





461-128019.165

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 28891

Registered No. 127

FULL NAME OF CHILD John Edwin Moats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Jan. 28, 15 1914

FATHER	MOTHER
FULL NAME: Albert L. Moats	FULL MAIDEN NAME: Ruby ~~Wilkenson~~ Jones
RESIDENCE: Challis.	RESIDENCE: Challis
COLOR: Wh.	COLOR:
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Md.	BIRTHPLACE: ~~Ida.~~ Utah
OCCUPATION: U. S. For st sevice	OCCUPATION: H. wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. K. Hartley M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Challis

Filed Feb. 1 1915

A. K. Hartley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 19

895-202,031-243

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

Registration District No. 50 File No. 28892

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mch 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael J. Himes	FULL MAIDEN NAME	Mary Agnes Sullivan
RESIDENCE	Mohler Ida	RESIDENCE	Mohler Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho.

Filed Mch 10 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-20-57

PLACE OF BIRTH

E89-203-031-154

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 28893

Primary Registration District No. 2129 Registered No. 87

FULL NAME OF CHILD Etta May Shinn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 3, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph Shinn	FULL MAIDEN NAME	Nora Anderson
RESIDENCE	near Vollmer, Idaho	RESIDENCE	near Vollmer, Idaho
COLOR	mixed Nez Perce Indian & white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Audubon, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) E. L. Burk, M. D.

(Physician or midwife)

Address Vollmer, Idaho

Filed Mch 10, 1915

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50

File No. 28893

Primary Registration District No. 2129

Registered No. 87

FULL NAME OF CHILD Ella Mae Sheen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	march (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Sheen	FULL MAIDEN NAME	Nora Anderson
RESIDENCE	near Vollmer, Ida.	RESIDENCE	near Vollmer, Ida.
COLOR	mixed Nezperce indian & white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Audabon, Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Vollmer, Ida.

Filed March 10 1915

Registrar

Registrar

S-Y CO. 24655

AUG 20 1957

MAY 20 19

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 28893

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella Mae Sheen (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1915 (Date of Event)
in Vohlmer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on viewed photostatic copy prior to Dec. 1953 (Give Date), are:
Insurance Policy

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Ella Mae Sheen	Etta May Shinn
Father's Last Name	Sheen	Shinn

Subscribed and sworn to before me this 10 day of August, 1957

Notary Public, residing at 6431 N.E. Union Ave Portland Ore
My commission expires Sept 10, 1958
(Seal)

Signed Nora Jane Shinn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1505 N.E. Jarnes St Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1957

Notary Public, residing at 6431 N.E. Union
My commission expires Sept 10, 1958
(Seal)

Signed Clyde R Anderson
(Signature of Any Credible Person)
1322 N.E. Webster Portland Ore
(Street Address, City, State)

FORM DPH 55. 155

1 copy filed 8-1-21-57

243-110-031-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50 File No. 28894

Primary Registration District No. 2129 Registered No. 88

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Buttrey	FULL MAIDEN NAME	Mary Ida Bunts
RESIDENCE	Ilo, Ida.	RESIDENCE	Ilo, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Davis Co. Ia.	BIRTHPLACE	Milan, Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida

Filed 9-20 1915 R. C. Powell

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-210-031-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin

City of Ida

No. ..... St.

Hospital .....

Registration District No. 50 File No. 28895

Primary Registration District No. 2129 Registered No. 89

FULL NAME OF CHILD ~~unnamed~~ Willma Elizabeth Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 10 1915

FATHER		MOTHER	
FULL NAME	William Wesley Randall	FULL MAIDEN NAME	Minnie Anna Dammrose
RESIDENCE	Ida Idaho	RESIDENCE	Ida Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	M. C.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. C. Parrish M D.

(Physician or midwife)

Address Ida. Idaho.

Filed March 15 1915 H. C. Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

754-21X-031-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50

File No. 28896

Primary Registration District No. 2129

Registered No. 90

FULL NAME OF CHILD Gladis Joy Pedigo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Pedigo	FULL MAIDEN NAME	Dora Landis
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Clackamas Co. Or.	BIRTHPLACE	Chico, Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida

Filed 3-20 1915 H. C. Parrish
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of [illegible] than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 3 1973

286-112-091-612

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28897

County of Lewis

City of Fletcher

No. _____ St.

Hospital _____

Registration District No. 50 File No. _____

Primary Registration District No. 2129 Registered No. 91

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Shown	Ida R. Wasson
RESIDENCE	Fletcher, Ida.	Fletcher, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Johnson Co Tenn	Bluff City, Tenn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD

(Physician or ~~midwife~~)

Address Voltaire Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-20 1915 H. Co. Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-120-035-225

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Nezperce

City of Lookout

Registration District No. 50 File No. 28898

No. ____ St.

Primary Registration District No. 2129 Registered No. 92

Hospital ____

FULL NAME OF CHILD Unnamed Glen Edward Howerton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 20 1915

FATHER

FULL NAME Frank Cudward Howerton

RESIDENCE Lookout Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maggie Matilda Shelton

RESIDENCE Lookout Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Ico. Idaho.

Given names added from a supplemental report.

....., 19....

Registrar

Filed March 25 1915 H. C. Parrish

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

332313

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH
(a) County NezPerce (b) City Lookout
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Lookout
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Culdesac, Ida.
3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Glen Edward Howerton
5. Date of Birth (Month, day, year) 3-20-15
6. Sex male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Edward Howerton
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace State of Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Matilda Skelton
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Eagle Rock, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of NezPerce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. ~~Frank Edward Howerton~~ Maggie Howerton, being first duly sworn, say that I am related (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Parish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Maggie Howerton Signature
R.F.D. # 3, Culdesac, Ida. P. O. Address

Subscribed and sworn to before me on this 28 day of Janaury, 1942

(SEAL) W. H. Hopkins Notary Public, residing at Culdesac, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-131-031-231

PLACE OF BIRTH

County of Lewis

City of Ild

No. _____ St.

Hospital _____

Form [redacted]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~48~~ 50 File No. 28899

Primary Registration District No. 2129 Registered No. 93

FULL NAME OF CHILD mot Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. A. Pierce	FULL MAIDEN NAME	Susie Staples
RESIDENCE	Ild Idaho	RESIDENCE	Ild Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Winchester Ida

Filed Mch 31 1915 H. C. Parrish

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-222028-135

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

28900

County of Kootenai

City of De Smet

No ....., ... St.

Hospital .....

Registration District No 31 File No. 3

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Magdalen Alexis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) March (Day) 22 (Year) 1915
female		ill	

FATHER		MOTHER	
FULL NAME	Not Known	FULL MAIDEN NAME	Mary Agatha Alexis
RESIDENCE		RESIDENCE	De Smet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	De Smet
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Alphonse Alexis, Indian

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address De Smet, Idaho

Date Mch 28 1915 John Post, Asst. Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

17826

[redacted]

STATE OF IDAHO

PLACE OF BIRTH

445-131-004-699

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St.

Hospital

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 28901

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Drew Wright Dunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Crandell Dunn	FULL MAIDEN NAME	Ida Jane Wright
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 4/8/ 1915 H H King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

A PERMANENT RECORD

BINDING

JAN 2 3 1945

154.289.004-816

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 28902

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD baby Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Mar. 24 1915

FATHER		MOTHER	
FULL NAME	R. S. Anderson	FULL MAIDEN NAME	Geneva Hayes
RESIDENCE	Georgetown Idaho.	RESIDENCE	Georgetown Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Georgetown Idaho.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 p.m.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyman

Physician

(Physician or midwife)

Address Montpelier Idaho. Rural

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/19 19 15 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-224-004365

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wordboro

No. ..... St.

Hospital .....

Registration District No. 52 File No. 28903

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin M. Kent	FULL MAIDEN NAME	Dora Loveland
RESIDENCE	Wordboro	RESIDENCE	Wordboro
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Fish Town
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

..... (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4/1 1915 H H King MD

..... Registrar

Registrar

S-Y CO. 20175

AUG 1 9 1965

USA-ID-1000-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED May 8, 1947

County of Bear Lake
City of Montpelier
No. ..... St.
Hospital .....

Registration District No. 52 File No. 28905
Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Hilda Martha Messerli
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	February 15, 1915

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Jacob Messerli	FULL MAIDEN NAME: Elisabeth Seiler
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE: Hattenvil, Bern Switzerland	BIRTHPLACE: Matten of Interlaken, Bern Switzerland
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

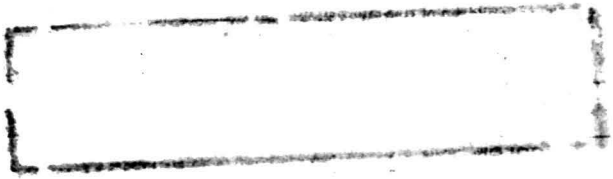
(Signature) Geo. F. Ashley

Montpelier (Physician or midwife)

Address Idaho

Filed 3/24/15 192.. H. H. King, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 28905

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
G		yes	2-15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Messely	FULL MAIDEN NAME	[redacted]
RESIDENCE	Montpelier	RE[redacted]	
COLOR	W	CO[redacted]	
AGE AT LAST BIRTHDAY ..... (Years)			
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

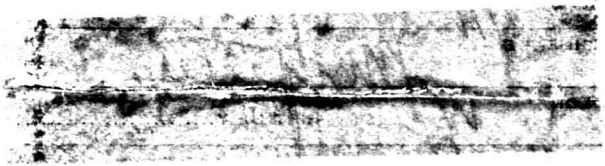
Address Idaho

Filed 3-24 1915 H H Kinney Reg

..... Registrar

..... Registrar

S-Y CO. 20174



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 28905

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Messerli	Hilda Martha Messerli
Mother's name	Mary Buhn	Elisabeth Seiler
Father's birthplace	Germany	Hattenvil, Bern Switzerland
Mother's birthplace	Germany	Matten of Interlaken, Bern, Switzerland

Subscribed and sworn to before me this 16 day of April, 19[illegible]

Notary Public, residing at Salt Lake City Utah
My commission expires Nov 8-1940
(Seal)

Signed Elisabeth Messerli
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

MAY 8 - 19[illegible]

617-122.1028-296

[redacted] CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Dudley

Registration District No. 126 File No. 28906

No. ..... St.

Primary Registration District No. 2204 Registered No. 13

Hospital Residence

FULL NAME OF CHILD LEE MILTON FAULK

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	S.	4	Yes	Mar 22 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milo Faulk	FULL MAIDEN NAME	Ida Brown
RESIDENCE	Near Dudley Ida	RESIDENCE	Near Dudley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:25 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington Physician

(Physician or midwife)

Address Rose Lake, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 7 1915 R. S. Jensen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

658

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 28906

Date Filed December 7, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for LEE M. LAULK (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on March 22, 1915 (DATE OF EVENT)
in Dudley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	~~Lee M. Faulk~~ Lee Milton Faulk

Subscribed and sworn to before me this 7th
day of December, 19 42

Thomas Valuga

Notary Public, residing at 4666 Mission St.

My commission expires May 9, 1946
(SEAL)

Signed Mary Idaho Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

818 Brunswick, San Francisco Cal
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that ~~they~~ he are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 7th
day of December, 19 42

Thomas Valuga

Notary Public, residing at 4666 Mission Street

My commission expires May 9, 1946
(SEAL)

Signed Flora L. Faulk
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

7 Persia Street, San Francisco, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 1 1972
NOV 2 7 1973

DEC 15 1942

168-120-028-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital Nelson Residence

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28907

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 12

FULL NAME OF CHILD ~~Rose Marie~~ Cecil Wilhelm Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	third	yes	Mar 20 1915

FATHER	MOTHER
FULL NAME: Felix A Johnson	FULL MAIDEN NAME: Maddie Forsblade
RESIDENCE: Rose Lake Ida	RESIDENCE: Rose Lake Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. E. Workman M.D.

(Physician or midwife)

Address Rose Lake Ida

Filed Apr 7 1915 R. S. Jensen Registrar

657

S-Y CO. 24655

OCT 7 1944

345-217-028-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 28908

Primary Registration District No. 2204 Registered No. 11

FULL NAME OF CHILD Virginia Cunningham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		10	Yes	June 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. F. Cunningham	Coleston
RESIDENCE	Harrison Idaho	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 12, 1915 at 9 a M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kenney

Physician

(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19.....

Filed Apr 7 1915 R. S. Jensen

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1956

613-119-028-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28909

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 10

Hospital

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 19 1915

FATHER

FULL NAME Chas Waters

RESIDENCE Harrison

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Mass

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Heath

RESIDENCE Harrison

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Rogers

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apr 7 1915 R.S. Jensen
Registrar

8-Y CO. 24688

965-205-028-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28910

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 9

Hospital

FULL NAME OF CHILD Evelyn Roe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. 5th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Roe	FULL MAIDEN NAME	May Gillis
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	Lumbermen	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Reger

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Harrison Ida

Filed Apr 7 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 28910

County of Kootenai } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Evelyn Roe (Name on Original Certificate) who was born (Was Born or Died) on March 5th 1915 (Date of Event)

in Harrison, Kootenai Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Evelyn Roe
Date	March 6th	March 5, 1915

Subscribed and sworn to before me this 14th day of June, 1943.

E. H. Miles

U.S. Notary Public, residing at Coeur d'Alene

My commission expires

(Seal)

Signed Frank L Roe

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Kootenai }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 1943.

E. H. Miles

U.S. Notary Public, residing at Coeur d'Alene

My commission expires

(Seal)

Signed Margaret Cochrane

(Signature of Any Credible Person Other Than Previous Year)

803 No. 11th St.

(Street Address, City, State)

Coeur d'Alene

JUN 1 9 1943

79 [redacted] 029-381

[redacted] F BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28911

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 32

FULL NAME OF CHILD Leonard Chatfield Graves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George W. Graves	FULL MAIDEN NAME	Laura Chatfield
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arvada, Colo.	BIRTHPLACE	Kankakee, Ills.
OCCUPATION	Chemist of Soil	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:52 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Mch 10 1915 D. F. Rae
Registrar

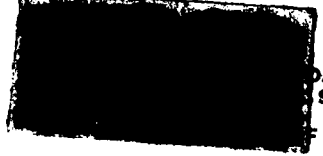
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



418-104-029135

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—20m-2-15-12

DAHO
STATISTICS
F BIRTH

28912

County of Latah

City of Moscow

No. Idaho Hotel St.

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 37

Hospital

FULL NAME OF CHILD Charles Dahlen

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	4th (To be answered only in event of plural births)	Yes	Apr (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Dahlen	FULL MAIDEN NAME	Anna Steensland
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Moscow Idaho

Filed Apr 5 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Feb. 21, 1941. W.

OCT 10 1969

356-221-029-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Moscow

No. N. Asbury St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28913

Primary Registration District No. 1011 Registered No. 35

FULL NAME OF CHILD Edith Mary Leo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Mch 21 1915

FATHER		MOTHER	
FULL NAME	Herbert T. Leo	FULL MAIDEN NAME	Hazel Mary Burdin
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Mgr Vinegar Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Apr 1st 1915 D F Rae

Registrar Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/15/41 L. B.

319.202-029587

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 28911

Primary Registration District No. 1011 Registered No. 38

FULL NAME OF CHILD Marie Elizabeth Larson

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: April (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L. A. Larson	FULL MAIDEN NAME	Amelia Nygaard
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman
C.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Apr 3 1915 D F Rice
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1970

652.128-028-43

PLACE OF BIRTH

County of Latah

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Viola

Registration District No. 61

File No. 28915

No. ..... St.

Primary Registration District No. 2141

Registered No. 33

Hospital .....

FULL NAME OF CHILD Chester Orlin Weseman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Mch 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur A. Weseman	FULL MAIDEN NAME	Esther M. Mack
RESIDENCE	Viola, Idaho	RESIDENCE	Viola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Todd Co., Minn.	BIRTHPLACE	McPhearson Co., Kans.
OCCUPATION	School teacher & farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8.25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. W. Squier, Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Viola, Idaho

Filed Apr 1 1915 D F Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

815-10 N 029-2 K3 MOTHER'S MAIDEN NAME AMENDED 4-20-2010 CMW

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 28916

Primary Registration District No. 2141 Registered No. 344

FULL NAME OF CHILD Donald William Havens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mch 8 1915

FATHER	MOTHER
FULL NAME John Havens	FULL MAIDEN NAME CHARLOTTE BUTLER Charlotte J Butler
RESIDENCE Moscow	RESIDENCE Moscow
COLOR Wh AGE AT LAST BIRTHDAY 20 (Years)	COLOR Wh AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Moscow Idaho
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.30 a. M. on the date above stated.

(Signature) D F Rae M D

(Physician or midwife)

Address Moscow

Filed Mch 8 1915

D F Rae — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 80124

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FO... BINDING

RECEIVED
APR 15 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Latah } SS

Certificate No. 1915-28916
Date Filed 03/08/1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Donald William Havens (Name on Original Certificate) who was born (Was Born, Died, etc.) on 03/08/1915 (Date of Event)
in Moscow (Latah Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
mother's maiden name	Charlotta Buttler	Charolette Butler

Subscribed and sworn to before me this 13 day of April, 2010
Notary Public, Katherine J. Nowlin
Residing at Moscow Id
My commission expires 6/14/2014
(Seal)

Mrs Margaret Ann Havens Gates
Signature of Applicant
4600 Robinson Park Rd 241
Street Address, City, State and Zip
Moscow, Id 83843

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

April 8, 2010 IDAHO BIRTH CERTIFICATE #1892-241912 CHARLOTTE BUTLER BORN 9-2-1892 VIEWED BY VS

442-125-029381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of 5 Mi So. Troy

No. ..... St.

Hospital .....

Registration District No. 61

File No. 28917

Primary Registration District No. 2141

Registered No. 36

FULL NAME OF CHILD Leo Fern

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mch 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan Leo Mushlitz	FULL MAIDEN NAME	Bertha Arvella Chaney
RESIDENCE	Troy, Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:25 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Wood M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Idaho

Filed Mch 30 1915

D. F. Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-201-[redacted]93

PLACE

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Payette

Registration District No. 4 File No. 28918

No. 516 N. 7th St.

Primary Registration District No. 1008 Registered No. 10

Hospital

FULL NAME OF CHILD Daisy Alice Ackaret

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	March 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Mackaret	Daisy May Nelson
RESIDENCE	Payette, Idaho	Payette, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Denver, Colo	Austin Junction, Nevada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward Jr.

Physician (Physician or midwife)

Address Payette Idaho

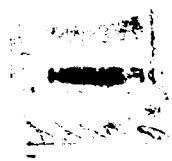
Given names added from a supplemental report

.....19.....

Filed Mar 2 1915 J. C. Woodward Registrar

.....Registrar

8-Y CO. 20174



395-205-01 257

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Amended 5/3/74 Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 28919

No. ....., ... St.

Primary Registration District No. 1008

Registered No. 11

Hospital .....

FULL NAME OF CHILD Eloise Joy Liechty

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Mar. 5, 1915

FATHER		MOTHER	
FULL NAME	John N Liechty	FULL MAIDEN NAME	Mary E Keppler
RESIDENCE	Hanna	RESIDENCE	Hanna
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Provo Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland

Midwife (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed Mar 13 1915 J C Woodward Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

5-3 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF PUBLIC STATISTICS

RECEIVED
VITAL STATISTICS
MAY 33 99 27 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28919

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ellouise Joy Siechty (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1915 (Date of Event)

in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ellouise	Eloise

Subscribed and sworn to before me this 3 day of May, 1974

Sue Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Grant H Siechty

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 316 Emmett Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own childs birth certificate Phillip John Scott born July 4, 1941 at Lorenzo, Idaho State file # 318284 gives mothers name as Eloise Joy Liechty.
Viewed by VS

MAY 3 1974

Social Security Card # 519-01-3227 gives name as Eloise Joy Scott
Form OA-702.1 Rev. (11-61)
Viewed by VS

International Brotherhood of Teamsters - Menbership card Local No. 760 Ledger # 12936 signed by William P. Wallace Secretary-Treasurer dated June 1957, gives name as Eloise J. Scott.
Viewed by VS

253219:014395

PLACE OF BIRTH

County of Canyon

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO ... No. 11-C—25m-1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28920

Registration District No. 4 File No. _____

Primary Registration District No. 1008 Registered No. 12

FULL NAME OF CHILD Patricia Bethel

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2	Yes	2 — 19 — 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde W. Bethel	FULL MAIDEN NAME	Julia Richards
RESIDENCE	25 mile S.E. Payette	RESIDENCE	25 miles S.E. Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife & Teacher

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Crouch M.D.

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

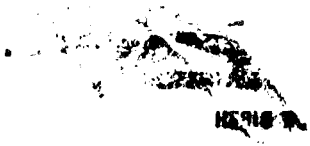
Filed Mar 22 1915 J. C. Woodward Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 28920

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unamed Bethel (Name on Original Certificate) who born (Was Born or Died) on 2-19-1915 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers verification (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Patricia Bethel
Mother's name	Richards	Julia Lievsay

Subscribed and sworn to before me this 18th
day of May, 1942, 19

Notary Public, residing at Boise, Idaho.
My commission expires 8-1-1942
(Seal)

Signed Julia Lyme Carr (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Featherville, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

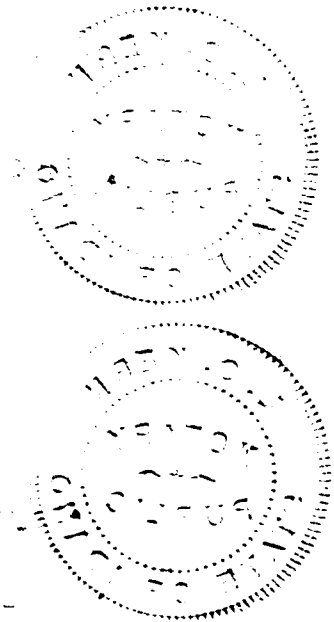
Subscribed and sworn to before me this 18th,
day of May, 1942, 19

Notary Public, residing at Boise, Idaho.
My commission expires 8-1-1942
(Seal)

Signed Robert St Sellers
(Signature of Any Credible Person Other Than Previous Year)

517 Main Boise Idaho
(Street Address, City, State)

MAY 18 1942



The record must be issued in her maiden name. Please give her name, date and place of birth and parents names. There is a fee of fifty cents for each copy.

B.V.S.

Redding California
Mar. 16 1942.

Bureau of Vital Statistics
Dept of Public Health
Boise Idaho.

Gentlemen:

Rec'd

Please send me some application blanks for my daughter's birth certificate. She was born in Idaho so there is a record of her birth but she wishes to have the certificate made out in her married name so wants me to make affidavit that she is the same person. Do you have a form for such an affidavit? If not will you send instructions so that I can make out an acceptable one?

APR 9 1942

28720

Sincerely
Julia Syme Carr
Redding Calif.
2110 Terrace Ave.

JUL 9 1957

The name is Zo Elva Bethel - date Feb. 19th 1915 ~~Caldwell~~ Payette (Canyon Co) - Mother's name Julia Bethel - Father's name Clyde William Bethel Physician was Dr O. M. Crouch - Enclosed P.O.M.O. for 50 cents -

Sincerely
Julia Carr (Mother)
Redding Calif.

239-116-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28921

County of Canyon

City of

No. St.

Hospital

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 13

FULL NAME OF CHILD Maurice Levi Slinker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			7	yes	Mar 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eustace L Slinker	FULL MAIDEN NAME	Cora D Roberts
RESIDENCE	Payette Idaho	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	St Marie Iowa	BIRTHPLACE	St Charles Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 30 P. M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar 23 1915 J C Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

249-228-014-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28922

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 14

FULL NAME OF CHILD Alma Eudora Burt

Sex of Child female | Twin Triplet or other? one | and | Number in order of birth 6 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Burt	FULL MAIDEN NAME	Lilly Malloy
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Henry & Mo	BIRTHPLACE	Fairplay Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Apr 6 1915 J C Woodward Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1952

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1yr. 5mo.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alma Eudora Burt

5. Date of Birth of Child (Month, day, year) March 28, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Andrew Burt
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Clinton, Henry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Edith Malloy
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Fair Play, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alma (Born alive, stillborn) at 4:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lillie Edith Burt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cora A James ~~M.D.~~ Midwife Address Payette Idaho Date Sept 17th 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 7 1974

Received for filing on SEP 21 1942 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-207-029

PLACE OF [illegible]

Form V. S. No. 11-C—[illegible]m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 28923

No. ..... St.

Primary Registration District No. 2142

Registered No. 9

Hospital .....

FULL NAME OF CHILD Elizabeth Ida Newman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar 7 1915

FATHER		MOTHER	
FULL NAME	Ralph Newman	FULL MAIDEN NAME	Belle Smith
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oregon	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3-17 1915 W. N. Chen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-112 029-291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28924

County of Latah

City of Genesee

Registration District No. 62 File No.

No. St.

Primary Registration District No. 2142 Registered No. 10

Hospital

FULL NAME OF CHILD Elmer Ammond Kraub

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Kraub	FULL MAIDEN NAME	Mary Kraub
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Pierry MD

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 3-21 1915 W. H. Ehrens Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495124.029-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Elk

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 28925

Primary Registration District No. 2142 Registered No. 12

FULL NAME OF CHILD Unknown - Infant Amel Jack Dresher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	3 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Dresher	FULL MAIDEN NAME	Minnie Currie
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehlen

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 3-25 1915 W H Ehlen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

FEB 10 1950

295-124-022-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 28926

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Elmer Ellsworth Breitweiser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mal		yes	Mar 24 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Russell Ellsworth Breitweiser	FULL MAIDEN NAME Klea Rhoda Winegar
RESIDENCE St. Anthony, Idaho	RESIDENCE St. Anthony, Idaho.
COLOR White AGE AT LAST BIRTHDAY 20 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Lincoln Neb	BIRTHPLACE Parker, Idaho.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Ida

Filed April 19 15 W. Owen
Registrar

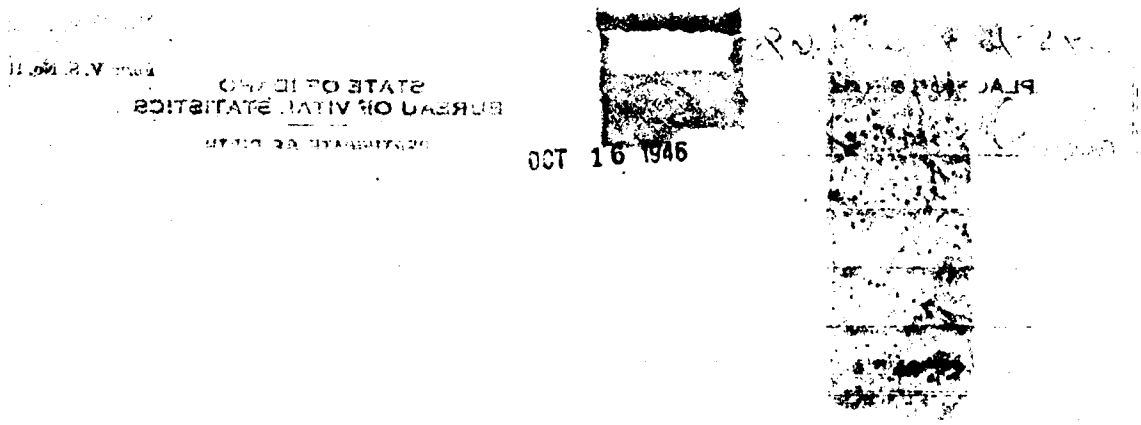
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


OCT 16 1946

866-101-004-445

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 28928

Primary Registration District No. 2155 Registered No. 753

FULL NAME OF CHILD Ralph Eugene Howden

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Mar. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel J. Howden	FULL MAIDEN NAME	Florence Dunn
RESIDENCE	Sandpoint.	RESIDENCE	Sandpoint.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Page M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sandpoint, Idaho.

Filed Apr 7 1915 M McKinnon Registrar

Registrar

SYMS · YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH:

STATE OF IDAHO

467-202.022-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28929

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99

File No. .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Saxon Dopp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hiram Dopp	FULL MAIDEN NAME	Maude Allen
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

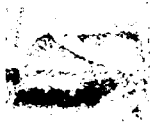
Filed Apr 9th 1915 W B Wrix Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



791-119.022.265

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 28930

No. ..... St.

Primary Registration District No. 7177

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Dean Prater

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward B. Prater	FULL MAIDEN NAME	Blanche Bonsall
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Grayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Apr 9th 1915 W D West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-127-022493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 28931

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Rex Watson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo A Watson	FULL MAIDEN NAME	Lucinda Dille
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 05 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr 9th 1915 W D West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

412.107.022-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 28932

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Richard Maben

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Samuel Maben	FULL MAIDEN NAME	Edna Louis Gibson
RESIDENCE	St Anthony	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony, Idaho

Filed Apr 9th 1915 W B Wrex

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443115 020996

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted] IDAHO
BU[redacted]L STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. _____ St.

Hospital _____

Registration District No. 35

Primary Registration District No. 2020

File No. 28933

Registered No. _____

FULL NAME OF CHILD Edward Oscar Mullins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	yes	March 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar T. Mullins	FULL MAIDEN NAME	Mary E. Irwin
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 15th 1915 at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Glenn's Ferry Idaho

Filed March 18 1915 J. W. Davis M. D.
Registrar

S-Y CO. 24655

JUN 1 5 1967

695-212-09-155

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE BUREAU OF [illegible] STICS

Form V. S. No. 11-Q—Rev. 1-1-19

CERTIFICATE OF BIRTH

Registration District No. 7 8

File No. 28934

Primary Registration District No. 2135

Registered No. 739

FULL NAME OF CHILD French

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	2	Yes	Mar 12 1915

FATHER		MOTHER	
FULL NAME	Verne French	FULL MAIDEN NAME	Pearl Jensen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	S. Dak
OCCUPATION	Insurance Agt	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 7 45 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Jackson

(Physician or ~~midwife~~)

Address Sandpoint

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Apr 7 1915 M McKinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

495 127 020 396

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

28935

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Clifford Fletcher Mint.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		4	yes	March 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Mint.	FULL MAIDEN NAME	Annie Croxall
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Saloon Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 27th 1915 at 8-30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry Idaho

Filed March 28th 1915 J. W. Davis

Registrar

Registrar

6-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z-MINK

1915-

Dup of 303462

213-213-029-753

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28936

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 11

FULL NAME OF CHILD Bernice Muriel Father

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	3 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bendix Father	FULL MAIDEN NAME	Martha Peterson
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Norway	BIRTHPLACE	N. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehlen

Genesee
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 3-17 1915 W. H. Ehlen Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

753-20-009-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28937

County of Bonner

City of Glengary

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 754

Hospital

FULL NAME OF CHILD Goldie Julia Geller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Geller	FULL MAIDEN NAME	Maggie Stevens
RESIDENCE	Glengary	RESIDENCE	Glengary
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Ida

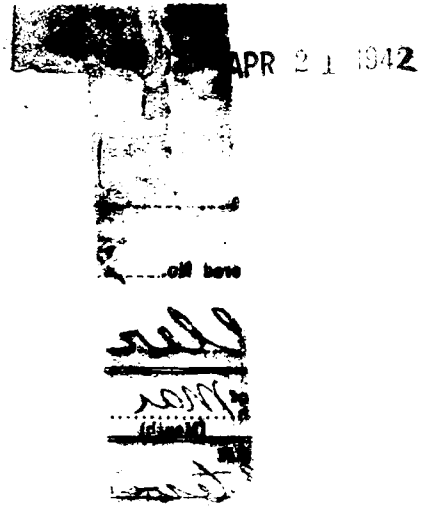
Filed Apr 7 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


APR 2 1 1942
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285·205·009·314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. [illegible]-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28938

County of Bonner

City of Ladede

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 755

FULL NAME OF CHILD Edith Viola Sherman

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	Yes	March 5, 1915

FATHER		MOTHER	
FULL NAME	Murray Bird Sherman	FULL MAIDEN NAME	Frances Ethel Campbell
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Sawfiler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Laclede

Filed Apr 7 1915 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

SEP 2 6 1974

MAR 6 1943

298706-009-319

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28939

County of Bonner

City of Kootenai

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2135 Registered No. 756

Hospital

FULL NAME OF CHILD Bryntism

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3-6-1915

FATHER		MOTHER	
FULL NAME	William Bryntism	FULL MAIDEN NAME	Hannah Carlson
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Bullman

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Sand point

Filed Apr 7 1915 M. W. McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-206-009-512

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ....., ... St.

Hospital Home

Registration District No. 78 File No. 28940

Primary Registration District No. 2133 Registered No. 757

FULL NAME OF CHILD Rachel Karine Haugness

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	March 6, 1915

FATHER		MOTHER	
FULL NAME	Anton S. Haugness	FULL MAIDEN NAME	Kristine Vasli
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	Light. Sept 17 AGE AT LAST BIRTHDAY 36 (Years)	COLOR	Brunette. Sept 27 AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Haugness Vaalen. Norway	BIRTHPLACE	Vasli Gyl Norway
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or Midwife)

Given names added from a supplemental report

Address Sandpoint Idaho

..... 19.....

Filed Apr 7 1915 M McKinnon Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 9 1970

868-206-

009.443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28941

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St. Primary Registration District No. 2155 Registered No. 758

Hospital

FULL NAME OF CHILD Esther Hoyt

Sex of Child: female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Mar 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Hoyt ~~HOYT~~	FULL MAIDEN NAME	Bessie Mullan
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash	COLOR	White
OCCUPATION	Section Foreman	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Kentucky
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint Ida

Filed Apr 7 1913 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 28941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Esther Hoyt (Name on Original Certificate) who born (Was Born or Died) on Mar. 6, 1915 (Date of Event)
in Sand Point, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~3rd~~ Name	Hoit	Hoyt
Name	Ester	Esther Hoyt

Subscribed and sworn to before me this 23
day of July, 1942.
George R. Gordon
Notary Public, residing at Seattle
My commission expires
(Seal)

Signed Bessie Hoyt Unstatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
315 River St. Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of July, 1942
George R. Gordon
Notary Public, residing at Seattle.
My commission expires Mar. 29, 1946
(Seal)

Signed George Unstatt
(Signature of Any Credible Person Other Than Previous Year)
315 River St. Seattle, Wash.
(Street Address, City, State)

JUL 29 1942

JUL 2 9 1942

259-116-009154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28942

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 760

Hospital

FULL NAME OF CHILD Lyle Wallace Bergstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walfred Bergstrom	Freda Anderson
RESIDENCE	Sand Point	Sand Point
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Sweden	Ida
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 7 1915 M. McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 21 1942

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PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28943

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St. Primary Registration District No. 2135 Registered No. 761

Hospital

FULL NAME OF CHILD Nicholas Ivan Dragneff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 17 1915

FATHER		MOTHER	
FULL NAME	Perse Dragneff	FULL MAIDEN NAME	Bertha Anderson
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE		BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6.40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 7 19 15 M McKinnon

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 - 1953

145-19-009168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Colburn

No ....., ... St.

Hospital .....

Registration District No 78 File No. 28944

Primary Registration District No. 2155 Registered No. 762

FULL NAME OF CHILD Esther Adeline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 19, 1915

FATHER		MOTHER	
FULL NAME	Olia Benson	FULL MAIDEN NAME	Josephine Johnson
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	57
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Norway	BIRTHPLACE	Norman Co. Minn.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Reported by Father

(Physician or Midwife)

Address Colburn

Filed May 7 1915 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

533-220-009249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No 424, Superior St.

Hospital Lancaster Home

Registration District No 78 File No. 28945

Primary Registration District No. 2155 Registered No. 763

FULL NAME OF CHILD Mona Jane Elliott

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Mar 20, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Joseph Elliott	FULL MAIDEN NAME	Edna Burgoyne
RESIDENCE	Sandpoint	RESIDENCE	same
COLOR	white	COLOR	Wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Charlotte Co New Brunswick	BIRTHPLACE	York Co New Brunswick
OCCUPATION	Mgr No. Nav. Co	OCCUPATION	H. wf

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sandpoint Idaho

Filed Apr 7 1915 M McKinnon Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. NOV 2 1945 Certificate No. 28945
County of Bonner } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Elliott (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)
in Sand point, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on about 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Elliott	Mona Jane Elliott

Subscribed and sworn to before me this 8th day of November, 1945

Arthur K. Bowden

Notary Public, residing at Sand point, Ida.

My commission expires October 6, 1948

(Seal)

Signed Edna Elliott-Mc[illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

328 S. 4th Ave. Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1945

Arthur K. Bowden

Notary Public, residing at Sandpoint, Idaho

My commission expires October 6, 1948

(Seal)

Signed Mrs. H. C. McCurtain
(Signature of Any Credible Person)

Sand point, Idaho
(Street Address, City, State)

NOV 2 6 1946

613.220.009.281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28946

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 767

Hospital .....

FULL NAME OF CHILD Mabel Lucille Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	March 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles R Walker	Lillie B Shaffer
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Penn	Penn
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:30 M
on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M McKinnon

..... (Physician or midwife)

Address Sandpoint Ida

Filed April 7 1915 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Pennsylvania } ss.
County of Lawrence }

RECEIVED BUREAU OF VITAL STATISTICS
MAY 31 10 45 AM '74

Certificate No. 28946

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Walker (female) (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mabel Lucille Walker

Subscribed and sworn to before me this 28th day of May, 19 74

Marie Dorio

Notary Public, residing at UNION TOWNSHIP, LAWRENCE COUNTY

My commission expires MY COMMISSION EXPIRES MAY 23, 1976

(Seal)

Member, Pennsylvania Association of Notaries

Signed Mabel Lucille Walker Grant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[redacted] R.D.#2 Emerys Trl. Ct.
(Street Address, City, State)

[redacted] Street. New Castle, Pa. 16101

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Penna. } ss.
County of Lawrence }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 19 74

Marie Dorio

Notary Public, residing at UNION TOWNSHIP, LAWRENCE COUNTY

My commission expires MY COMMISSION EXPIRES MAY 23, 1976

(Seal)

Member, Pennsylvania Association of Notaries

Signed Malinda Grace Walker Bagley
(Signature of Any Credible Person)

89 Elm St. Mayville, New York
(Street Address, City, State)

FORM DH 60-155 CL 3/25/74

Photo-copy of page from Family Bible gives name as Mabel Lucille Walker born Sandpoint, Idaho. was born March 20, 1915. viewed by V. S.

JUN 10 1974

~~XXXXX~~

Policy from Industrial Whole Life gives name as Mabel L. Hammond dated Aug. 1, 1936. as 22 years old. Policy No. 2235227 M. viwed by V. S.

689-121-009-914

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Cocolalla

No ....., ... St.

Hospital .....

Registration District No. 78 File No. 28947

Primary Registration District No. 2155 Registered No. 765

FULL NAME OF CHILD White

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 21, 1915

FATHER		MOTHER	
FULL NAME	Berthy Lee White	FULL MAIDEN NAME	Gladys Belle Radabah
RESIDENCE	Cocolalla	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Strackhouse

M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sand Point

Filed Apr 7 1915 M McKinnon Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799-231-009-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Midas, Ida

Registration District No. 78 File No. 28948

No. ..... St.

Primary Registration District No. 2155 Registered No. 766

Hospital .....

FULL NAME OF CHILD Verene Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Mar 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A B Price	FULL MAIDEN NAME	Odelia Sutton
RESIDENCE	Midas Ida	RESIDENCE	Midas Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 30 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Ida

Filed April 7 1915 M McKinnon Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1942

MAR 12 1963

349-101-009-634

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 28949

Primary Registration District No. 2155 Registered No. 767

FULL NAME OF CHILD Robert Smith Turner

Sex of Child	~~Twin Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Boy	2	yes	Feb (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Turner	FULL MAIDEN NAME	Fern Older
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ariz	BIRTHPLACE	Minn.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Older
Mother of Mrs Turner
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed ~~[illegible]~~ Apr 7 1915

[illegible] Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

APR 23 1952

JAN 25 1974

Z - TURNER

DUP 86 1915 - 220810

799-105-009-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Edgemere

No ____, ____ St.

Hospital ____

Registration District No 78 File No. 28950

Primary Registration District No. 2155 Registered No. 768

FULL NAME OF CHILD Russell Foster Price.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	C	C	Yes	Feb. 5 1915

FATHER		MOTHER	
FULL NAME	George M. Price	FULL MAIDEN NAME	Minnie A. Foster
RESIDENCE	Edgemere	RESIDENCE	Edgemere
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Goldendale Wash.	BIRTHPLACE	Carsonville Mich.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen

(Physician or Midwife)

Address Laclede Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 7 1915 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

JAN 5 19[illegible]

SEP 28 1945

533-213-00285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Ladede

No ....., ... St.

Hospital .....

Registration District No 78 File No. 28951

Primary Registration District No 2663 Registered No. 769

FULL NAME OF CHILD Helen Bonnie Ellerneck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 13, 1915

FATHER		MOTHER	
FULL NAME	Robert Ellerneck	FULL MAIDEN NAME	Ethel Shawgo
RESIDENCE	Ladede	RESIDENCE	Ladede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Sawmill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Allen

(Physician or Midwife)

Address Ladede

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 7 1915 M McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

994-230-009-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 519 Church St.

Hospital

Registration District No. 78 File No. 28957

Primary Registration District No. 2155 Registered No. 775

FULL NAME OF CHILD Irene Pearl Ridley.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	1				March 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace J Ridley.	FULL MAIDEN NAME	Hattie Marie ~~Ridley~~ Black
RESIDENCE	Sandpoint Ida.	RESIDENCE	Sandpoint Ida.
COLOR	light	COLOR	dark
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Miles City Mont	BIRTHPLACE	Wells Minn.
OCCUPATION	Common Labover.	OCCUPATION	House keeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Irene Pearl Ridley alive at 10:10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary Vancurler
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Ida

Filed ~~March 30~~ April 7 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-215 (46-862)

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28958

Registration District No. 170 File No. 111

Primary Registration District No. 7199 Registered No. 14

FULL NAME OF CHILD Verda May Johanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	3-15-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alva R. Johanson	Evelyn Hokansen
RESIDENCE	Marion	Marion
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 33 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Johanson MD

(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/10/19 15 O P Johanson Registrar

8-Y CO. 24655

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 10

AT RECORD

212-219-016-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28959

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 15

FULL NAME OF CHILD Shelda Mae Baker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	X	Yes	3-19-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arnold A. Baker	FULL MAIDEN NAME	Lena A. Poulson
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oloham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

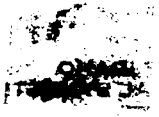
Filed 4.10 1915 E P Oloham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 19 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-219-016155

Amended 5/31/78

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28960

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 799 Registered No. 16

FULL NAME OF CHILD Wanda Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	3 (Month) – 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert R Martin	FULL MAIDEN NAME	Ada Jenkins
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bromaline (Born alive or stillborn) at 1 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 4-10-1915

E P Oldham

Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 3 10 38 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 28960

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Martin (female) (Name on Original Certificate) who was born (Was Born or Died) on March 19, 1915 (Date of Event) in Marion, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record and school record (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Martin	Wanda Martin

Subscribed and sworn to before me this 2nd day of May, 1978

Notary Public, residing at Twin Falls, Ida.
My commission expires May 31, 1979
(Seal)

Signed Emerald M Perrine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lazy J. Mobile Home Court Space #25
(Street Address, City, State) Twin Falls, Ida 83301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1978

Anita Augustus
Notary Public, residing at Twin Falls, Idaho
My commission expires August 15, 1980
(Seal)

Signed Paul L Manley
(Signature of Any Credible Person)

329 Filer Ave West Twin Falls, Ida. 83301
(Street Address, City, State)

FORM DH 60-155

CL 4/17/78 nm

School Census record from School Dist No. 411, Twin Falls, Idaho gives name as Wanda Martin. born March 19, 1915. age ten. mother's name as Ada Martin and father's name as Robert Martin. dted Sept 1925. viewed by V. S.

MAY 31 1978

Family group record for Robert Rayson Martin and Ada Francell Jenkins gives child's name as March 19, 1915. viewed b V. S.

845722.016764

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28961

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 130 File No. III

Primary Registration District No. 7199 Registered No. 17

FULL NAME OF CHILD Edward Keith Hunter

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	yes	3-22-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H Hunter	FULL MAIDEN NAME	Emerald Poulton
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:23 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 4-10 1915 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-128-016-794

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28962

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

Registration District No. 120 File No. 14

Primary Registration District No. 2199 Registered No. 18

FULL NAME OF CHILD McCasland Howard Arthur

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	3 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar McCasland	FULL MAIDEN NAME	Rosie Pruett
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 15 A.M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Cohan MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 4/10 1915

E P Cohan

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-209-014946

Form V. S. No. 11-C—20m-2-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **28963**

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 5-1 File No. 2

Primary Registration District No. 2130 Registered No. 4

FULL NAME OF CHILD Davis, Marie Teresa

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	yes	Apr 9 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guss Davis	Agina Ruff
RESIDENCE	Fruitland	Fruitland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	15
BIRTHPLACE	Greece	Russia
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Apr 9 19 15 Crispin Wright

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1948

[redacted]

MAY 4 1950

713.105.014-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28964

County of Canyon

City of Mon Fruitland

No. ..... St.

Hospital .....

Registration District No. 5.1 File No. 2

Primary Registration District No. 2130 Registered No. 5

FULL NAME OF CHILD Wilber C. ~~Patholl~~ Patholl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	April 5th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Albert Patholl	FULL MAIDEN NAME	Gale Hamilton Kutch
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salem, S. Dak.	BIRTHPLACE	Grant, Nebrask
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Apr 9 1915 Crispin Wright

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-201-014-863

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No. , St.

Hospital

Registration District No. 51

File No. 2 28965

Primary Registration District No. 2130

Registered No. 8

FULL NAME OF CHILD Rich

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	yes.	Apr. 1, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles L. Rich	FULL MAIDEN NAME	Ida Merle Hollenbeck
RESIDENCE	Country near Fruitland, Ida.	RESIDENCE	Near Fruitland, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address Ontario, Oregon

Filed Apr. 9th 1915 Crispin Wright Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1967

695-116-036-815

CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. _____ St.

Hospital _____

Registration District No. 16 File No. 28966

Primary Registration District No. 2071 Registered No. 37

FULL NAME OF CHILD Leonard Winager

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 16 1914

FATHER		MOTHER	
FULL NAME	Lenard Winager	FULL MAIDEN NAME	Hareaete Hendricks
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Egin Idaho	BIRTHPLACE	Swan Peake Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife (Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/10 19 15 D C Ray Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-202-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 28967

Primary Registration District No. 0069 Registered No. 33

FULL NAME OF CHILD Vernal McKay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 2 1915

FATHER		MOTHER	
FULL NAME	John S. McKay	FULL MAIDEN NAME	Ruth Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 3/10 19 15 D. C. McKay Registrar

S-Y CO. 24655

MAY 11 1942

993103-076.141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

28968

Registration District No. 76 File No. _____

Primary Registration District No. 2069 Registered No. 34

FULL NAME OF CHILD Cecil Richards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 3 1915

FATHER		MOTHER	
FULL NAME	Fred Richards	FULL MAIDEN NAME	Sarah J Adams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alston

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Malad

Filed 3/10 19 15

D. C. Ray Registrar

S-Y CO. 24655

855-206-036-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28969

Primary Registration District No. 2069 Registered No. 35

FULL NAME OF CHILD Orpha Jane Henderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	5	Yes.	5 (Month) - 6 (Day) - 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. Henderson.	FULL MAIDEN NAME	Mary Thomas.
RESIDENCE	Malad.	RESIDENCE	Malad.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Willard Utah	BIRTHPLACE	Malad, Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M.D. Malad, Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 3/10 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 17 10 56 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28969

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Henderson (Name on Original Certificate) who born (Was Born or Died) on March 6, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Genealogical Record (Bible Record, Insurance Policy, Etc.) prepared on Mar 20, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Orpha Jane Henderson

Subscribed and sworn to before me this 11th day of July, 1973

Personally appeared David G. Henderson

Notary Public, residing at RUBY
My commission expires CALIFORNIA
(Seal) PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires May 24, 1976

Signed David G Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

301 View Mtn View, CA.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ca } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of July, 1973

Notary Public, residing at
My commission expires 5/24/76
(Seal)

Signed Mrs. David G. Henderson
(Signature of Any Credible Person)

1492 Partree Dr Milpitas, Ca
(Street Address, City, State)

FORM DPH 55.155

CL 7-1-59. one copy pd. receipt #12321

Certificte of Membership to the LDS Church gives name as Orpha Jane Henderson Wherland born March 6, 1915. Blessed May 9, 1915. Dted Aug. 4, 1959 Viewed by V. S.

JUL 31 1973

Family Group Record for Williams Henderson and Mary Louise Thomas gives child's name as Orpha Jane Henderson. born Mar. 6, 1915. Viewed by V. S.

665·106·036-263

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28970

Primary Registration District No. 2069 Registered No. 36

FULL NAME OF CHILD Thomas Earl Owen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	3	Yes	3 — 6 — 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Owen.	Mary Balton.
RESIDENCE	Malad	Malad. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	62	38
BIRTHPLACE	Warrington Eng.	Logan Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Terry-MD

Malad Ida

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 8/10 1911 D. C. Ray Registrar

S-Y CO., 16670 ✱

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 25 1940

551-206-036-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 28971

No. ....., ... St.

Primary Registration District No. 2069

Registered No. 37

Hospital .....

FULL NAME OF CHILD Delta Evans

Sex of Child Female	Twin, Triplet, or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of birth 3 (Month) / 6 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	John C. Evans	FULL MAIDEN NAME	Phebe Thomas
RESIDENCE	Malad Ida	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kirns MD

Malad Ida

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 3/10

Filed 3/10 1915 D C Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

FEB 2 9 1944

DECEASED

453 208 036 413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26

File No. 28972

Primary Registration District No. 2071

Registered No. 38

FULL NAME OF CHILD Reva Detwiler

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth March 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Detwiler	FULL MAIDEN NAME	Lulu Daley
RESIDENCE	Stone	RESIDENCE	Stone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Snowville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1049 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stone Idaho

Filed 3/20 1915 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235·108·036-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 28973

Primary Registration District No. 2069

Registered No. 39

FULL NAME OF CHILD Alex Devern, Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 8 1915

FATHER		MOTHER	
FULL NAME	Alex Stephens	FULL MAIDEN NAME	Leonora Mortensen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Filed 3/10 1915 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1967
MAR 18 1968

249-110-036-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 28974

Primary Registration District No. 2069 Registered No. 40

FULL NAME OF CHILD EDWARD EARL SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leal Smith	FULL MAIDEN NAME	Laura Eggertz
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Filed 3/15 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of White Pine }

Certificate No. 28974

FEB 9 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Birth for Edward Earl Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar 10 1915 (DATE OF EVENT) in Malad City Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar 31 - 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Smith	Edward Earl Smith

Subscribed and sworn to before me this 20th day of January, 1942

J. P. Gillan

Notary Public, residing at Ruth Nevada

My commission expires July 17 1944

(SEAL)

Signed Edward L. Smith

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

P.O. Box 195 Ruth Nev

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of White Pine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1942

J. P. Gillan

Notary Public, residing at Ruth Nev

My commission expires July 17-1944

(SEAL)

Signed Laura C. Smith

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

P.O. Box 195 Ruth Nev

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By

(REGISTRAR'S SIGNATURE)

DEC 24 1942

165·112·036551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28975

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 111

FULL NAME OF CHILD Hillman DeMar Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	5	Yes.	3 - 12 - 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rees P. Jones.	Margaretta Crum.
RESIDENCE	Malad Ida	Malad
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Malad Ida	Malad Ida
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Rees. M. D.
Malad Ida
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/15 1915 D. C. Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/29/41 Z.J.

313-214-036-254

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

Registration District No. 76

File No. 28977

No. ..... St.

Primary Registration District No. 2071

Registered No. 43

Hospital .....

FULL NAME OF CHILD Charlotte Cattle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas H Cattle	FULL MAIDEN NAME	Alice Kemp
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stone Idaho

Filed 3/20 1915 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-114-036-297

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28978

Primary Registration District No. 2069 Registered No. 44

FULL NAME OF CHILD Bruce Archibald

Sex of Child Male	Twin Triplet or other? 1 and Number in order of birth 9 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 3 (Month) - 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard Archibald	FULL MAIDEN NAME	Laura Bigles.
RESIDENCE	Daniels, Ida	RESIDENCE	Daniels Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wellsville U.	BIRTHPLACE	Farmington U.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:4 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns MD.

Malad Ida.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 3/20 1915 D C Ray

Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 3 1 00 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 28978

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Archibald (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1915 (Date of Event)

in Malad ..... are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Selective Service Registration Card & Certificate of Birth (Bible Record, Insurance Policy, Etc.) prepared on February 11, 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Bruce Archibald

Subscribed and sworn to before me this 27th day of February, 1976.

June A. Woodworth

Notary Public, residing at Mesa, Arizona

My commission expires My Commission Expires Aug. 29, 1977

(Seal)

Signed Willard Archibald

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1141 Ravene Pocatello Id. 83204

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona }
County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1976.

June A. Woodworth

Notary Public, residing at Mesa, Arizona

My commission expires My Commission Expires Aug. 29, 1977

(Seal)

Signed David A Stone

(Signature of Any Credible Person)

602 Franklin ave Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155

correction correspondence (A) Jan. 19, 1976 fc

Certif ofbirth from Idaho for own son gives name as Toni C. Archibald born Oct 27, 1948. father's name given as Bruce Archibald. viewed by V. S. #48-12579.

MAR 16 1976

Selective Service registration Card gives name as Bruce Archibald. born Mar 14, 1914. serial No. 578. dated Oct 16, 1940. viewed by V. S.

553-119-036-635

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 28979

Primary Registration District No. 2089 Registered No. 45

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	1 (To be answered only in event of plural births)	5	Yes	3-19-191..

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Nelson.	Carrie Olsen.
RESIDENCE	Malad, Ida	Malad Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 55	White 54
BIRTHPLACE	Denmark.	Brigham U.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Keen M.D.
Malad Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19..... Address _____

_____ Registrar Filed 3/20 19 15 L. C. Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NIELSEN

1 of

DUP OF 1915-384475

814-113-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28980

Primary Registration District No. 2069 Registered No. 46

FULL NAME OF CHILD CARL ODELL HAMMER, JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl F Hammer	FULL MAIDEN NAME	Emma Thompson
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	2-3 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6-A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

Filed 4-7 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BONNEVILLE }

Certificate No. 28980

Date Filed APR 6 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for CARL ODELL HAMMER JR. (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on MARCH 13, 1915 (DATE OF EVENT)
in MALAD, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as ~~shown~~ given by FATHER (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	CARL Odell Hammer JR.
CARL ODELL HAMMER JR.		

Subscribed and sworn to before me this 4th
day of March, 1942

Mary L. Mooney
Notary Public, residing at Idaho Falls, Idaho.
My commission expires Aug. 10, 1945
(SEAL)

Signed Carl Hammer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
175 - 4th St. Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

866-214-036345

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 28981

Primary Registration District No. 2069

Registered No. 47

FULL NAME OF CHILD Edna Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver C Howell	FULL MAIDEN NAME	Esther L Lundberg
RESIDENCE	Black pine	RESIDENCE	Black pine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Utah
OCCUPATION	Teacherry	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~Ala~~ 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed 4/7 1915 D. R. Ray

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 21 8 33 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache } ss.

Certificate No. 28981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Howell (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 14, 1915 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Rec. & Church Rec (Bible Record, Insurance Policy, Etc.) prepared on Family Rec. 1916 Church Rec. 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Edna Howell

Subscribed and sworn to before me this 18th day of January, 19 77

Colleen J. Ashden

Notary Public, residing at Hyrum, Utah

My commission expires Jan 14, 1981

(Seal)

Signed Sylvia Olsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paradise, Utah 84328

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 19 77

Colleen J. Ashden

Notary Public, residing at Hyrum, Utah

My commission expires Jan 14, 1981

(Seal)

Signed George C. Nelson

(Signature of Any Credible Person)

Avon, Utah 84328

(Street Address, City, State)

FORM DH 60-155

CL 11/14/74

Family group record gives name a as Edna Howell born March 14, 1915. father's name as Oliver Cromwell Howell and mother's name as Esther Elnora Lundberg. viewed by V S.

FEB 24 1977

Marriage Certif from Utah gives name as Leroy William Forsberg and Edna Howell dated Aug 1, 1935. viewed by V. .S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [illegible] 1-13

28982

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 48

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abraham C Baker	FULL MAIDEN NAME	Lola Pratt
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad

Filed 4/7 1915 D Kay Registrar

_____ Registrar

8-Y CO. 24655

693-119-036-119

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28983

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 119

FULL NAME OF CHILD James Jardine Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 19 J 191

FATHER		MOTHER	
FULL NAME	John D. Williams	FULL MAIDEN NAME	Eve Jardine
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Elston

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/7 19 L. Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1973

719-127-036-469

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

28984

Registration District No. 36

File No. _____

Primary Registration District No. 2069

Registered No. 51

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 27 1915

FATHER

FULL NAME: Joseph Parry

RESIDENCE: Malad

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Malad Ida

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Margaret Morgan

RESIDENCE: Malad

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M on the date above stated.

(Signature) J. F. Gibson

Physician

(Physician or midwife)

Address Malad

Filed 4/7 15

L. C. Ray
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-129036-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28985

Primary Registration District No. 2069 Registered No. 52

FULL NAME OF CHILD REESE JOHN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nephi John	FULL MAIDEN NAME	Mary Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~Alive~~ 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 4/7 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida

Certificate No. 28985
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Reece John (Name on original certificate) who was born (Was born or died) on March 29, 1915 (Date of event)
in Malad Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed John	Reese John

Subscribed and sworn to before me this 5
day of December, 19 41.
John H. McAllister
Notary Public, residing at Malad Idaho
My commission expires
[SEAL]

Signed Mary M. Johns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC 8 1941 By
(Registrar's signature)

847-125-036-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Samaria

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28986

Registration District No. 26 File No. _____

Primary Registration District No. 206.9 Registered No. 50

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Hughes	FULL MAIDEN NAME	Emma Smith
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Address Malad

Filed 4/7 1915 D. C. Ray Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-131-036-693

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28987

Primary Registration District No. 2069 Registered No. 53

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 21 1915

FATHER		MOTHER	
FULL NAME	Samuel H Williams	FULL MAIDEN NAME	Grace Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Malad Ida	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn) at 12:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-7 1915 D C Kay Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-13-036-249

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28988

Registration District No. 26 File No. _____

Primary Registration District No. 2669 Registered No. 561

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 31 1915

FATHER		MOTHER	
FULL NAME	Hyrum J Jones	FULL MAIDEN NAME	Clara Burkhardt
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8:15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/7 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1969

386-107-036-295

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28989

Primary Registration District No. 2069 Registered No. 55

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			4	yes	2 (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David P Thomas	FULL MAIDEN NAME	Mary Pierce
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.50 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed 3-15 1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-221-036-397

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 28990

Primary Registration District No. 2069 Registered No. 56

FULL NAME OF CHILD Armeda Emma Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	2-21-1915

	FATHER	MOTHER
FULL NAME	Reuben M Williams	Maria Tippetto
RESIDENCE	Malad	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-15-1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

not

444-112-036.415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28991

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 57

FULL NAME OF CHILD Joseph Dudley, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		2	yes	3 - 12 191 5 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Dudley.	FULL MAIDEN NAME	Barbara Davis
RESIDENCE	Malad Ida	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad Ida

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 3/15 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655 - [redacted] 37-599

PLACE OF BIRTH

County of Owyhee

City of [redacted] Silver

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 43 File No. 28992

Primary Registration District No. 2120 Registered No. 18

FULL NAME OF CHILD Esther Margit Stennerstein

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 16 1915

FATHER

FULL NAME: Andrew Stennerstein.

RESIDENCE: Silver City, Idaho

COLOR: White. AGE AT LAST BIRTHDAY: 52 (Years)

BIRTHPLACE: Sweden (Bergen)

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Margaret Erickson

RESIDENCE: Silver City, Idaho

COLOR: White. AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Sweden

OCCUPATION: House wife.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) at 4.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Schuyler M.D.

Physician

(Physician or midwife)

Address Silver City Ida.

Given names added from a supplemental report

..... 19.....

Filed March 18 1915 N. H. Schuyler M.D.

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1951

612-117.03 238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. ____ St.

Hospital ____

Registration District No. 43 File No. 28993

Primary Registration District No. 2120 Registered No. 19

FULL NAME OF CHILD Ernest Patrick Wassler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	March 17 1915

FATHER		MOTHER	
FULL NAME	Alphons Wassler	FULL MAIDEN NAME	Barbara Schaller
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Alsace, France.	BIRTHPLACE	Alsace, France.
OCCUPATION	Butcher	OCCUPATION	House-wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Schuyler M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 17, 1915 N. H. Schuyler M.D. Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1955

957-105 [redacted] 254

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28994

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 62

FULL NAME OF CHILD Astel Inglet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 5, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Inglet	FULL MAIDEN NAME	Mary Kemp
RESIDENCE	Fairview, Idaho.	RESIDENCE	Fairview, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Hyde Park, Utah	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Framer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 4/5 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

318-210-003 [redacted]

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 27 File No. 28995

Primary Registration District No. 2119 Registered No. 61

FULL NAME OF CHILD Jennie Cahoon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Cahoon	FULL MAIDEN NAME	Chloe Elezabeth Ransom
RESIDENCE	Cleveland, Idaho.	RESIDENCE	Cleveland, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Cleveland, Idaho.	BIRTHPLACE	Cleveland, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:59 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 4/5 1915 Dr A R Culler Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 2 3 1975

693-211-021-134

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 28996

Primary Registration District No. 2119 Registered No. 79

FULL NAME OF CHILD Afton A. Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	March 11 1915

FATHER		MOTHER	
FULL NAME	Bion D. Wilcox	FULL MAIDEN NAME	Ella F. Alder
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Home keeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Franklin Co. Idaho

Filed 4/5 1915 Dr A R Cutler

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1962

365-119-021-619

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28997

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 78

FULL NAME OF CHILD Joseph Leroy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 12 1915

FATHER

FULL NAME Gibson R. Condie.

RESIDENCE Preston.

COLOR White. AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Salt Lake City.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Ettie Ann Warrick

RESIDENCE Preston.

COLOR White. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Virginia.

OCCUPATION Housekeeper.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Fanny McQueen

..... [redacted] midwife)

Address Preston Franklin Co. Idaho

Filed 4/5 1915 Dr. A R Cullen Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-218-021-559

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28998

County of Franklin

City of Weston

No. — St.

Hospital no

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 73

FULL NAME OF CHILD Leah Lundquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	March 18th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lundquist	FULL MAIDEN NAME	Jane Antonine C. Neilsen
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Copenhagen, Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 18th 1915 at 9:45 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Weston, Idaho

Filed 4/5 19 15 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 196

DEPARTMENTAL RECORD

862-103-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

28999

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2112 Registered No. 85

FULL NAME OF CHILD Richard S Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	3 3 1915

FATHER	MOTHER
FULL NAME: Wm R. Hobbs.	FULL MAIDEN NAME: Eureta Louise Smith
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Franklin Ida.	BIRTHPLACE: Brigham, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) _____

Physician (Physician or midwife)

Address Preston, Ida.

Filed 4/9 1915 Dr A R Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-112-021-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29000

Primary Registration District No. 2119 Registered No. 85

FULL NAME OF CHILD JAMES KIMBER HANSEN

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	born		—	yes.	3 12 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Hansen	FULL MAIDEN NAME	Maud Bosworth.
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Plain City, Utah	BIRTHPLACE	Utah.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Cullen

Physician (Physician or midwife)

Address Prestons, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/9 1915 Dr A K Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1902

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 29000

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Kimber Hansen

Subscribed and sworn to before me this 5th. day of November, 1942

Notary Public, residing at Preston, Idaho

My commission expires May 1st 1945
(Seal)

Signed Lorenzo E Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Father)

127 west Oneida, Preston, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th. day of November, 1942

Notary Public, residing at Preston, Idaho

My commission expires May 1st 1945.
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Preston, Ideho
(Street Address, City, State)

NOV 12 1942

NOV 1 1 1942

PLACE OF BIRTH

City of Preston

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-D

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 2119 Registered No. 87

Hospital .....

FULL NAME OF CHILD Clyde Lewis Porter

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	One	—	yes	3/1 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis B. Porter	FULL MAIDEN NAME	Martha Spatige
RESIDENCE	Glendale, Ida.	RESIDENCE	Glendale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston, Ida.	BIRTHPLACE	Europe.
OCCUPATION	~~Horseman~~ Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler
Physician
(Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/9 1913 Dr A R Cutler
Registrar

S-Y CO. 24658

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29001

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Porter (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 1, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Clyde Lewis Porter

Subscribed and sworn to before me this 8th day of December, 19 75

Notary Public, residing at Preston

My commission expires 4-20-78

(Seal)

Signed Martha S. Porter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

227 Park ave, Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

X Signed Ada C. Porter
(Signature of Any Credible Person)

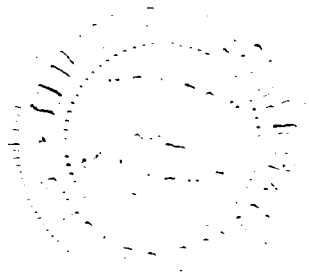
5 E Franklin, Idaho
(Street Address, City, State)

FORM DH 60-15 CL 7/11/75 nm

Certif og Blessing from the LDS Church gives name as Clyde Lewis Porter son of Lewis B. Porter and Martha Spadig. born March 1, 1915 at Glendale, Idaho. Blessed April 4, 1915. viewed by V. S.

DEC 8 1975

Certif of Baptiasm and confirmation from the LDS Church gives name as Clyde Lewis Porter. son of Lewis B. Porter and Martha Spadig. born Mar 1, 1915. Baptized Mar 24, 1923. viewed by V. S.



331-122-021-851

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Franklin

City of Banida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 29002

Primary Registration District No. 2119 Registered No. 88

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	—	yes.	3 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Clayton	FULL MAIDEN NAME	Iris Head.
RESIDENCE	Banida Preston, Idaho.	RESIDENCE	Banida, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston, Ida.	BIRTHPLACE	Preston, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston Ida.

Filed 1/9 1915 Dr Allen R Culter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1971

295-114-021-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29003

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. _____

FULL NAME OF CHILD Heber Glen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	3 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. Raymond Bingham	FULL MAIDEN NAME	Emily Rich
RESIDENCE	Preston, Ida.	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Salt Lake, Utah.
OCCUPATION	Teacher & farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Culter

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Ida.

_____ 19__

Filed Mar. 15 Dr A R Culter

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

243-205 021-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 29004

Primary Registration District No. 2119 Registered No. 80

FULL NAME OF CHILD Virginia Butterworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Butterworth	FULL MAIDEN NAME	Emily Jennings
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Grantsville Ut
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Smithfield, Utah

Filed 4/5 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24685

SEP 20 1976

192-113-021-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29005

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 81

FULL NAME OF CHILD Andrew Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth.	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Feby 13 19[illegible]

FATHER	MOTHER
FULL NAME Howard Gibson	FULL MAIDEN NAME Elsie Kingsford
RESIDENCE Franklin	RESIDENCE Franklin
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Franklin	BIRTHPLACE Mountain Home Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a M on the date above stated.

(Born alive or stillborn)

(Signature) W Boyd Secrest

Physician

(Physician or midwife)

Address Smithfield, Ida.

Filed 4/5 19 13 Dr. A R Cullen

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y CO. 24659

FEB 12 1957

SEP 22 1941

289-125-021-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 29006

Primary Registration District No. 2119 Registered No. 82

FULL NAME OF CHILD Lyle Shipley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W C Shipley	FULL MAIDEN NAME	Ellen Tamas
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Paradise Ut	BIRTHPLACE	Paradise Ut
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Smithfield, Ut

Filed 4/5 1915 Dr A R Cullen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-106-021-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29007

Primary Registration District No. 2119 Registered No. 83

FULL NAME OF CHILD Myron Nebeker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch 6 1915

FATHER		MOTHER	
FULL NAME	George Nebeker	FULL MAIDEN NAME	Janie Johnson
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Laketown Ut	BIRTHPLACE	Price Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Smithfield Ut

Filed 4/5 1915 A R Cutler
Registrar

Registrar

S-Y CO. 24655

155·219·021-866

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29008

County of Franklin

City of Weston

No. _____ St.

Hospital no

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 77

FULL NAME OF CHILD Evelyn Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	March 19th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Jensen	FULL MAIDEN NAME	Emily Elvira Hoopes
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer & Supt. grain elevator	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Mch 19th 1915 at 5:15 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Weston Idaho

Filed 4/5 1915 Dr. A. R. Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

§89.116.021-238

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29009

County of Franklin

City of Weston

No. ..... St.

Hospital no

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 76

FULL NAME OF CHILD Frederick James Christiansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	March 16th 1915

FATHER		MOTHER	
FULL NAME	James Christiansen	FULL MAIDEN NAME	Anna Louisa M. Schaffer
RESIDENCE	Weston, Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Copenhagen Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 16th 1915 at 5:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Weston Idaho

Filed 4/5 1915 Dr. A. R. Cullen
Registrar

S-Y CO. 24655

756.117.021.559

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

29010

County of Franklin

City of Weston

No. _____ St.

Hospital No

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 75

FULL NAME OF CHILD MARRINER THEO Thea Joseph Georgeson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 17th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Georgeson	FULL MAIDEN NAME	Myra Amelia Neilsen
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 17th 1915 at 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Weston, Idaho

Filed 4/5 1915 Dr A R Cuelle Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Goshen } ss.

Certificate No. 29010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Theo Joseph Georgeson (Name on Original Certificate) who Born (Was Born or Died) on March 17th, 1915 (Date of Event)
in Weston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. family record (Bible Record, Insurance Policy, Etc.) prepared on March 17, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Theo Joseph	Marriner Theo Georgeson

Subscribed and sworn to before me this 25th day of June, 1942

Notary Public, residing at Torrington, Wyo.

My commission expires August 12, 1944 (Seal)

Signed Myra Amelia Georgeson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1726 West 'C' St. Torrington, Wyo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming }
County of Goshen } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1942

Notary Public, residing at Torrington, Wyo.

My term of office expires The first Monday in January 1943

My commission expires (Seal)

Signed Joseph Georgeson
(Signature of Any Credible Person Other Than Previous Year)

1726 West 'C' St. Torrington, Wyo.
(Street Address, City, State)

JUL 1 1942

JUL 16 1942

855-103-021-259

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 **File No.** 29011

No. ..... *St.*

Primary Registration District No. 2119 **Registered No.** 59

Hospital Leo Grant

FULL NAME OF CHILD ~~Elbert~~ Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 3, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Henderson	FULL MAIDEN NAME	Jane Kerby
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brigham City, Utah.	BIRTHPLACE	Hyde Park, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 4/5 1915 Dr A R Cullen Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-102-021-369

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29012

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 60

FULL NAME OF CHILD Boyle, Thomas Lawrence, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	March 2, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Boyle	FULL MAIDEN NAME	Jennie Lorentzen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Druggest	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 4/5 1915 Dr A R Cutler Registrar

S-T CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-112-021-354

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29013

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 73

FULL NAME OF CHILD Donald J. Crimin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	—	Yes	March 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James R. Crimin	FULL MAIDEN NAME	Bessie LeDuce
RESIDENCE	Preston Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Lewiston, Idaho.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bron alive (Born alive or stillborn) at 2:50 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stites

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 4/5 1915 Dr Allen R Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1942

967-207-021-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29014

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 72

FULL NAME OF CHILD Hanna Fay Rogers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	March 7, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Rogers	FULL MAIDEN NAME	Hannah Hansen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Fatmington, Utah.	BIRTHPLACE	Brigham City, Utah.
OCCUPATION	Framer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stokes

Physician (Physician or midwife)

Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address .....

Filed 4/5 1915 Dr Allen R Cutler *Registrar*

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

133-124-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29015

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 29 File No. .....

Primary Registration District No. 2119 Registered No. 84

FULL NAME OF CHILD Floyd Ray Allen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Allen	FULL MAIDEN NAME	Frieda Larson
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Battle Creek Ida.	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida.

Filed 4/6 1915 Dr Allen R Cullen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-115-021912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. _____ St.

Hospital _____

Registration District No. 27 File No. 29016

Primary Registration District No. 2119 Registered No. 69

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	None	—	Yes	March 16 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Wm Smith	FULL MAIDEN NAME: Tena Rasmussen
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 22
BIRTHPLACE: Farmington, Utah.	BIRTHPLACE: Lago, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician, (Physician or midwife)

Preston, Idaho.

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/5 1915 Dr A R Cull

S-Y CO. 24858

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-113-021-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29017

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 40

FULL NAME OF CHILD Martin Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Johnson Jr,	FULL MAIDEN NAME	Adeline Kershaw,
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Lake Town, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 4/5 1915 Dr Allen R Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-114-02-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29018

County of Franklin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 211 9 Registered No. 71

FULL NAME OF CHILD Verl Perkins Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	March 14 (Month) (Day) 5 (Year)

FATHER	MOTHER
FULL NAME: Rufus C. Long	FULL MAIDEN NAME: Lettie Perkins
RESIDENCE: Mapleton, Idaho.	RESIDENCE: Mapleton, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Forest, Misissippi	BIRTHPLACE: Mapleton, Idaho.
OCCUPATION: Framer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 4/5 19 15 Dr. A. R. Coulter Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-4

SEP 22 1941

NOV 4 1949

264-118-021-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 29019

Primary Registration District No. 2119 **Registered No.** 68

FULL NAME OF CHILD Keith P Bodily

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** March 18 1915 (Month) (Day) (Year)

FATHER	**MOTHER**
FULL NAME Wilford Bodily	**FULL MAIDEN NAME** Albena Peterson,
RESIDENCE Fairview, Idaho.	**RESIDENCE** Fairview, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 24 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 23 (Years)
BIRTHPLACE Fairview, Idaho.	**BIRTHPLACE** Preston, Idaho.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 4 **Number of children of this mother now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 3:30 A.M **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 4/5 19 15 Dr A R Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 8 1974

3/3.120-021-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29020

County of Franklin

City of Dayton

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 67

FULL NAME OF CHILD Glen P. Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	1	Yes	March 20, 1915

FATHER	MOTHER
FULL NAME: James H. Call	FULL MAIDEN NAME: Mary Elezabeth ~~Perkins~~ Phillips
RESIDENCE: Dayton, Idaho.	RESIDENCE: Dayton, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Gentile Valley, Idaho.	BIRTHPLACE: Clifton, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician

(Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/5 1915 Dr. Allen R. Mullis Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

313-220-021789

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 29021

Primary Registration District No. 2119 **Registered No.** 66

FULL NAME OF CHILD Twen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	March 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Call	FULL MAIDEN NAME	Mary Elezabeth Philips
RESIDENCE	Dayton, Idaho.	RESIDENCE	Dayton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Gentile Valley, Idaho.	BIRTHPLACE	Clifton, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stokes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 4/5 1915 Dr Albert R Culler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1974

815-224-021-742

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29022

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 65

FULL NAME OF CHILD IRIS Elaine Hansen

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Mar 24 1915 (Month) (Day) (Year)

FATHER	**MOTHER**
FULL NAME Sterling Hansen	**FULL MAIDEN NAME** Edith Louise Pukkendal
RESIDENCE Preston, Idaho.	**RESIDENCE** Preston Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 32 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 22 (Years)
BIRTHPLACE Ephraim, Utah	**BIRTHPLACE** Copenhagen, Denmark
OCCUPATION Laborer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Preston, Idho.

Filed 4/5 19 15 Dr A R Culter *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1944

133-226-021993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29023

County of Franklin

City of Banida

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 64

FULL NAME OF CHILD _____ Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 26 1915

FATHER	MOTHER
FULL NAME: Heber Henry Allen	FULL MAIDEN NAME: Roda Ricks
RESIDENCE: Banida, Idaho.	RESIDENCE: Banida, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Cove, Utah.	BIRTHPLACE: Springville, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:5 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/5 19 15 Dr A R Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793.228102156 1

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29024

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 63

FULL NAME OF CHILD Jessie Gill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 28, 1915 March 28 1915

FATHER		MOTHER	
FULL NAME	Robert Gill	FULL MAIDEN NAME	Sarah Noakes
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Runcorn. England	BIRTHPLACE	Springville, Utah.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 4/5 1915 Dr A R Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Birth, entered on record June 13, 1915 gives full name as Jessie Gill, born March 28, 1915 at Preston, Idaho to Robert Gill and Sarah Noakes- viewed by V.S.

Insurance Policy Verification, prepared on Jan. 12, 1962 original date of policy, 5-2-1921, policy No. 31 666 792, Metropolitan Life Insurance Co. gives full name of insured as Jessie Gill, age 7, birthplace as Preston, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 29024

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Gill (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 28, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jessie Gill

Subscribed and sworn to before me this 24 day of Jan., 1962

Harold V. Potts

Notary Public, residing at 339 W. 3 N. Salt Lake City, Utah

My commission expires Nov. 21 - 1965

(Seal)

Signed Mrs. Mervel Ann Gill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2619 So. 6 E. S.L.C. Ut. Recall
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Jan., 1962

Harold V. Potts

Notary Public, residing at 339 W. 3 North Salt Lake City, Utah

My commission expires Nov. 21 - 1965

(Seal)

Signed Bessie Gill Wahlen
(Signature of Any Credible Person)

319 W. 3 No. S.L.C. Utah
(Street Address, City, State)

FORM DH 60-155

CL 12-29-61. nm

JAN 31 1962

853-203-042-383

1915=8

Form V. S. No. 11-C—15m-6-20-11

[redacted]CE OF BIRTH

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[redacted]tistics

[redacted] BIRTH

29025

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. , St.

Primary Registration District No.

Registered No. 30

Hospital Home

FULL NAME OF CHILD Marjorie Lucile Yelton

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar. 3, 1915

FATHER		MOTHER	
FULL NAME	J. L. Yelton	FULL MAIDEN NAME	Minnie Lytle
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Algood Tenn.	BIRTHPLACE	Van Alstyne Tex
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M.D.

(Physician or Midwife)

Address Kimberly Idaho.

Given names added from a supplemental report

, 19

Registrar

Filed Mar 12 1915 J. N. Davis Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 22 1956

295.205.042-331

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

FULL NAME OF CHILD Gladys Velma King

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29026

Registration District No. 36

File No. .....

Primary Registration District No. .....

Registered No. 31

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 5, 1915

FATHER		MOTHER	
FULL NAME	Clyde E. King	FULL MAIDEN NAME	Emily May Claiborn
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Payette Idaho
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) J. N. Davis M.D.

(Physician or Midwife)

Address Kimberly Idaho.

Filed Mar 12 19 15 J. N. Davis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 13 1942

265-214-042-638

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 36

File No. 29027

Primary Registration District No. .....

Registered No. 32

FULL NAME OF CHILD Kathlyn Ellen Swearingen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 14, 1915

FATHER		MOTHER	
FULL NAME	Stull Swearingen	FULL MAIDEN NAME	Freda Ochner
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Stockham Nebr.	BIRTHPLACE	Hays Co. Neb
OCCUPATION	Barber	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr Davis M D

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 20 1915 Jr Davis
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 8 1976

2 [redacted] 120-042-263

FI[redacted]RTH amended 7/8/80

STATE OF IDAHO

Form V. S. No. 11-C—15m-6[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29028

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. ....., ... St. Primary Registration District No. ..... Registered No. 33

Hospital Home

FULL NAME OF CHILD John Wendell Sullivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 20, 1915

FATHER		MOTHER	
FULL NAME	Martin Sullivan	FULL MAIDEN NAME	Lula Bolyon
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wheatland Wyo	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas Dawes MD
(Physician or Midwife)

Address Kimberly, Idaho

Given names added from a supplemental report

....., 19.....
Registrar

Filed Mar 30 19 15 M Dawes
Registrar

2-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

22 1963
AUG 7 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8 7 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29028

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John L. Sullivan (Name on Original Certificate) who was born (Was Born or Died) on Mar. 20, 1915 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John L. Sullivan	John Wendell Sullivan

Subscribed and sworn to before me this 7th day of
Aug, 19 73
Florence McKnight
Notary Public, residing at Boise
My commission expires 1-20-76
(Seal)

Signed Helen L. Sullivan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3432 S 575 W. Bountiful, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of
June, 1980
Ethel E. Mitchell
Notary Public, residing at Boise, Id.
My commission expires .....
(Seal)

Signed Gale B. Lind
(Signature of Any Credible Person)
916 N 19th Boise Id 83702
(Street Address, City, State)

FORM DH 60-155

Certif of Birth from the LDS Church gives nameas Jon Michael Sullivan born Oct 24, 1939 at Twin Falls, Idaho.

Certif of Baptism crom St. Edward Church gives name as John Wendell Sullivan child of Martin Sullivan and Lula Boliou born in Kimberly, Idaho. ib March 20, 1915 and Baptized April 23, 1916. viewed by V. S.

JUL 9 1980

Certif of Birth from the LDS Church gives nameas Jon Michael Sullivan born Oct 24 1939 at Twin Falls, Idaho. father's name as John Wendell Sullivan and mother's name as Helen May Lind. entered on record an Dec 3, 1939. viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

351-22-042-796

12

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 29029

No. ....., ... St.

Primary Registration District No. .....

Registered No. 34

Hospital Home

FULL NAME OF CHILD Lois Teater

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Mar 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charlie E Teater	FULL MAIDEN NAME	Bessie Grover
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ness City, Kansas	BIRTHPLACE	Ness City, Kans.
OCCUPATION	Farmer	OCCUPATION	Hu

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 30 1915 J. N. Davis Registrar

Registrar

S-Y CO., 16670

MAY 22 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7[illegible]-006719

[illegible]IRTH

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29030

County of [illegible]gha

City of Aberdeen Registration District No. 116 File No. 2

No. ..... St. Primary Registration District No. 2195 Registered No. 87

Hospital .....

FULL NAME OF CHILD Oliver Wendell Petterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	7 90	Mch 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Petterson	FULL MAIDEN NAME	Anna Larson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen-Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

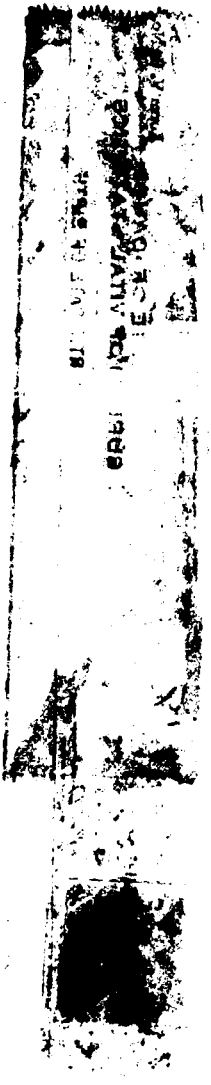
Registrar

Address Aberdeen Ida

Filed Mch 31 1915 McMacKinnon Registrar

S-Y CO. 20174

5/30/41 Z.J.



SS 9-230:006-242

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 29031

Primary Registration District No. 2155 Registered No. 86

FULL NAME OF CHILD Emma Estella Enns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 30 1915

FATHER

FULL NAME	Abram Peter Enns
RESIDENCE	Aberdeen Ida
COLOR	White
AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Russia
OCCUPATION	merchant

MOTHER

FULL MAIDEN NAME	Marie Sukau
RESIDENCE	Aberdeen - Ida -
COLOR	White
AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota
OCCUPATION	Housewife

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Mch 30 19 15

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 7 1974

499-127-006219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29032 A

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. .....

Primary Registration District No. 2193 Registered No. 85

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-	-	Yes	March 27 1913

FATHER	MOTHER
FULL NAME: Leonhard Dinkel	FULL MAIDEN NAME: Minna Bartel
RESIDENCE: Aberdeen Ida	RESIDENCE: Aberdeen Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Seventh

Number of children of this mother now living, including present birth: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mankinson M.D.
(Physician or midwife)

Address Aberdeen, Ida

Given names added from a supplemental report

..... 19.....

Filed March 28 19 13 M. Mankinson
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-20-41-006-384

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29033

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 2

No. St.

Primary Registration District No. 2195 Registered No. 84

Hospital

FULL NAME OF CHILD Theodora Gifton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	March 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James P. Gifton	FULL MAIDEN NAME	Athena Chronos
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmarkinnon MD.

(Physician or midwife)

Given names added from a supplemental report

19

Address Aberdeen Ida

Filed March 5 1915 McCmarkinnon

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

AUG 1 8 1953

914202-0

PLACE O[illegible]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29034

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mary Isabelle Cammack

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	1	yes	Feb 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Lillman Cammack	FULL MAIDEN NAME	Sadie James
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physicia (Physician or midwife)

Address Whitebird Ida

Given names added from a supplemental report.

_____ 19__

Filed Feb 1915

_____ Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

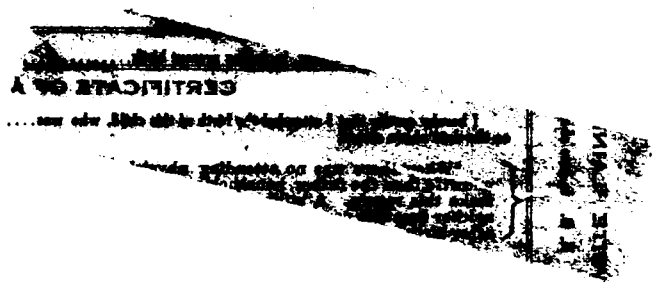
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

APR 2 3 1951



343.113-025-719

Amended 4-23-62

(Be sure the information is complete and accurate)

State File No. 29035

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Idaho	a. STATE: Idaho b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): White Bird	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): White Bird
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Burton	LeRoy	Culley

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
M.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		March	13,	1915

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Charles	Percy	Culley	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Indiana	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Laura		Garrett	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Nebraska	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
W. A. Foskett	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: White Bird, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
APR 1915		

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG-	22b. WEIGHT AT BIRTH	23.

...ISTRAR IN THE DISTRICT WHERE THE BIRTH OCCURRED
...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 29035

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Burton Leroy Cully

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	—	1	yes	Mar 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Charles Leroy Cully

RESIDENCE: Whitebird

COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura Garrett

RESIDENCE: Whitebird Ida

COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) W A Foskett

Physician

(Physician or midwife)

Address Whitebird Ida.

Filed APR 19 15

Registrar

2-Y CO. 24655

APR 23 1962

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone

Certificate No. 29035

Date Filed

Anne Brent – notary My commission expires October 6, 1962

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Berton Leroy Cully (Name on Original Certificate) who was born (Was Born or Died) on Mar. 10, 1915 (Date of Event)

in Whitebird, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Prudential Ins Policy (Bible Record, Insurance Policy, Etc.) prepared on April 13 1961 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Berton Leroy Cully	Burton LeRoy Culley
Child's Date of Birth	Mar. 10, 1915	March 13, 1915
Father's Last Name	Cully	Culley

Subscribed and sworn to before me this 19 day of March 1962

Notary Public, residing at Seattle

My commission expires 11/5/65

(Seal)

Signed Dennis Garrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2010-64-N.W. Seattle 7, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1962

Notary Public, residing at Seattle

My commission expires 9-24-63

(Seal)

Signed Rae Nilsen
(Signature of Any Credible Person)

2010-64 N.W. Seattle 7, Wn.
(Street Address, City, State)

FORM DH 60.155 CL 3-14-62. 2 copies pd. rec. #7996.

Statement from Angelo Giaudrone, Supt. of Schools, Tacoma, Washington, states "I, Angelo Giaudrone, hereby certify that the following information appears in the records of the Tacoma Public Schools: 1924 Census Book for the Sherman School District (census as of May 1, 1924) Berton Culley, born March 13, 1915, attended Sherman School, parents name Mrs. Laura G. Culley." - statement has been notarized and was written on March 23, 1962 - viewed by V.S.

North American Life Assurance Co., Insurance Card, application written, 3-4-31, issue date April 14, 1931, number 233004 S, gives full name of insured as Burton Leroy Culley, born March 13, 1915 in Idaho - viewed by V.S.

Inlistment Military Record, U.S. Marine Corps, dated Nov. 10, 1941 gives full name as Burton LeRoy Culley - viewed by V.S., date of birth is given as March 13, 1915 and birthplace as White Bird, Idaho - viewed by V.S. Honorable Discharge, United States Marine Corps, dated Oct. 31, 1945 gives full name as Burton LeRoy Culley - viewed by V.S.

~~Chattel Mortgage, dated Jan. 6, 1936 gives full name as Charles P. Culley -~~ No. 27, State of Montana, County of Fergus - mortgage filed with county clerk and recorder, Jan. 7, 1936 - viewed by V.S.

Family Letter written to Sgt. Burton L. Culley on April 18, 1943 by his father Chas P. Culley - viewed by V.S.

Letter from M.J. Williams, Chief Deputy, Office of County Aditor, State of Washington, King County, states "The Marriage Record shows Charles P. Culley and Laura G. Wyatt were married November 2, 1911. The record does not show the names of their parents. recorded in Book W, page 389." - letter written to Burton L. Culley on April 3, 1962 - viewed by V.S.

753718-025-367

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 29036

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Craig Andrew Peterson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	\ (To be answered only in event of plural births)	3	yes	Jan (Month) 18 (Day) 19 13 (Year)

FATHER		MOTHER	
FULL NAME	Harry Walter Peterson	FULL MAIDEN NAME	May Elnor Copper
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Dist-Wisconsin
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Foskett

Physician

(Physician or midwife)

Address Whitebird

Filed Jan 19 13

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

360-108-025-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29037

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Edward Mansfield Lowther

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	1	yes	Jan 8th (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Lowther	FULL MAIDEN NAME	Effie Thompson
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Idg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas-Missouri	BIRTHPLACE	Idaho ~~Missouri~~
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician
(Physician or midwife)

Address Whitebird Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 11 1915 W. A. Foskett Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 29037

DEC 19 1941

Date Filed Dec 17, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edward M. Lowther (Name on original certificate) who born (Was born or died) on Jan 8 1915 (Date of event)
in White Bird, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record. (Bible record, insurance policy, etc.) prepared on Jan 8, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "Birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date	[redacted]	Jan. 8th

Subscribed and sworn to before me this 17th
day of December, 1941
Marie C. Stewart
Notary Public, residing at White Bird Idaho
My commission expires 1/18/45
[SEAL]

Signed Ethel T Lowther
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
White Bird, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho. } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 1941
Marie C. Stewart
Notary Public, residing at White Bird Idaho
My commission expires 1/18/45
[SEAL]

Signed Nellie Richey
(Signature of any credible person other than the previous affiant.)
White Bird Idaho
(Street Address, City, State)

Received for filing on DEC 19 1941 By
(Registrar's signature)

365-201-04-35

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29038

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. Cor 16th ave & 12th St. North

Primary Registration District No. 1006

Registered No.

Hospital X

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Lovejoy	FULL MAIDEN NAME	Binnie Levan
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M D
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed April 3 1915 Dr. S. D. Calonge
Registrar

Registrar

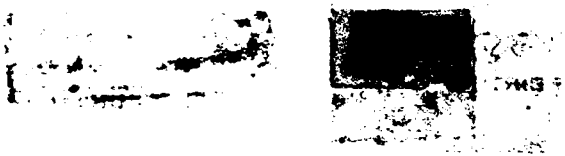
Anna Garfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



213-1011014-318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

[redacted]ATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29039

County of Canyon

City of Nampa

No. Country St.

Hospital X

Registration District No. 7

Primary Registration District No. 2006

File No.

Registered No.

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. E. Sala	FULL MAIDEN NAME	Mary Taylor
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

19

Filed April 3 1915 Dr. S. D. Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

348-125-014-18

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Cor 10 & 10 South St.

Registration District No. 4

File No. 29040

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD John Lyle Luque

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Mar 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Luque	FULL MAIDEN NAME	Carman Jayo
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	France	BIRTHPLACE	Spain
OCCUPATION	Sheep man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed April 3 1915 Dr. S. D. Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 2 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-224-00-533

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev. 1-1-[illegible]

29041

County of Ada

City of Kuna - P.O.

Registration District No. 7 File No.

No. ✓ St.

Primary Registration District No. 2006 Registered No.

Hospital ✓

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	✓		+	Yes	Mar (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. W. Corey	FULL MAIDEN NAME	Olive S. Ellis
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	N. Y.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna Idaho

19

Filed April 3 1915 Dr. S. D. Calonge
Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

[redacted]

796-223-014-925

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29042

County of Canyon

City of Nampa

No. Country St.

Hospital X

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Bernice Thelma Gross

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X (To be answered only in event of plural births)	X	Yes	Mar 23 1915

FATHER		MOTHER	
FULL NAME	T. N. Gross	FULL MAIDEN NAME	Susie Isenburg
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M D
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed April 3 19 15 W. S. D. Calonge
Registrar
Anna Hatfield Deputy

S-Y CO. 24656

[redacted]

PLACE OF BIRTH

4-28-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BOISE, IDAHO
VITAL STATISTICS
MAY 16 11 57 AM '72

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29042

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gross (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Bernice Thelma Gross

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed E. Lavar Bissell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

324 W. Dewey - Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 227567 gives name of mother as Bernice T elma Gross. Child born Nov. 23, 1934. Viewed by V.S.

JUN 1 1972

Certificate of Marriage issued by the State of Oregon County of Malheur gives name of bride as Bernice Thelma Gross. Married August 12, 1932. Viewed by V.S.

746-411-014-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 29043

No. 620 - 9th Ave South

Primary Registration District No. 1006.

Registered No.

Hospital X

FULL NAME OF CHILD Jessie Mae Guffey

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X (To be answered only in event of plural births)	X	Yes	Mar 11 19[illegible]

FATHER		MOTHER	
FULL NAME	E. J. Guffey	FULL MAIDEN NAME	Ruth Hicks
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J. F. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Mar 20 19 15 Dr. S. D. Calonge Registrar

Anna Layfield Deputy.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

11-2-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29043

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Guffey (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Jessie Mae Guffey
Jessie Mae Guffey		

Subscribed and sworn to before me this 7th day of December, 19 71

Notary Public, residing at Grants Pass

My commission expires Aug 11, 1975

(Seal)

Signed Jessie Mae Guffey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... , 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Pearl Mayes
(Signature of Any Credible Person)

Eagle Idaho Route 1
(Street Address, City, State)

FORM DH 60-155

no carcap.

FEB 1 1972

Own childs birth certificate on file with the state of Idaho gives name of mother as Jessie Mae Guffey born in Nampa, Idaho. 26 years of age at time child was born. Child born July 7, 1941, state file # 317672.
Viewed by V.S

FEB 25 1972

Marriage License issued March 24, 1934 to Mart Zinn and Jessie Mae Guffey, Inst # 156371 recorded in Ada County Recorder's Office.
Viewed by V.S

719-110-014113

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz Add St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29044

Registration District No. 7 File No.

Primary Registration District No. 1006. Registered No.

FULL NAME OF CHILD Paul Judson Parsons

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X (To be answered only in event of plural births)	4	yes	Mar 10 1915

FATHER

FULL NAME Wm D. Parsons

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Ill

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Jennie M Jack

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Canada

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J H Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Filed Mar 24 19 15 Dr S D Calonge
Registrar

Anna Hatfield Deputy.

S-Y CO. 24656

AUG 18 1950

693.111-014-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29045

County of Canyon

City of Nampa

No. 1422 2nd N. 4th St.

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Vernon Davis Wilcox

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 11 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leland S. Wilcox	FULL MAIDEN NAME	Hazel A. Davis
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lehi Utah
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) H. P. Ross M. D.

Physician
(Physician or midwife)

Address Nampa Ida

Filed Mar 30 1915 Dr. S. D. Calouge Registrar

Anna Hatfield Deputy.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Mar 26 — 1915

Registrar

S-Y CO. 24656

JAN 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-15-814-655

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. No 4 St.

Hospital

[redacted]

Registration District

File No. 29046

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Vern Jay Gilman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Feb 2 Friday 1916

	FATHER	MOTHER
FULL NAME	James Elsha Gilman	FULL MAIDEN NAME Marie Sweeney
RESIDENCE	Deer Flat Nampa	RESIDENCE Deer Flat Nampa
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Nebraska
OCCUPATION	Farming	OCCUPATION Farmers wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Gilman

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 27, 1916 D. L. D. Calouge Registrar

Anna Hatfield Deputy Reg.

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 29046

Date Filed Mar. 27, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for no name given (Vern Jay Gilman) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 12, 1915 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name to be given	no name given	Vern Jay Gilman

Subscribed and sworn to before me this 14 day of March, 1942.

W. B. Jay

Notary Public, residing at Boise, Ida

My commission expires 7/14/45
(SEAL)

Signed J. E. Gilman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

14-223-014-243

[redacted] 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29047

County of Canyon

City of Nampa

No. ..... St.

Hospital X

Registration District No. 7

File No. .....

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD Gladys Della Madison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	X		X	Yes	3 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Madison, Geo. Elmer	FULL MAIDEN NAME	Myrtle Ellen Brockett
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Stationary Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

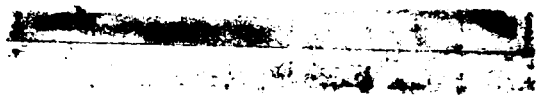
Filed March 23 1915 Dr S D Calange Registrar

Anna Hatfield Deputy

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-104-031-212

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

29048

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 21 24 Registered No. 8

FULL NAME OF CHILD Arthur Glenn Harding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Ye	3 4 191 2

FATHER		MOTHER	
FULL NAME	H W Harding	FULL MAIDEN NAME	Lena G. Baskett
RESIDENCE	Pullman Wash	RESIDENCE	Pullman Wash
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Hm

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 20 9 M
(Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Hays

(Physician or ~~midwife~~)

Address Nezperce Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-10 1915 J. F. Jones, M. D.
Registrar

8-Y CO. 24655

School Record for University of Idaho, for semester ending 6-14-37, viewed by VS
Family Record, gives full name as Arthur Glenn Harding, viewed by VS

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 29048

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Harding (Name on Original Certificate) who born (Was Born or Died) on March 4, 1915 (Date of Event)

in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arthur Glenn Harding

Subscribed and sworn to before me this 18 day of February, 1959

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Lura G. Divine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

815 Galveston, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19" day of February, 1959

J. L. Ballman
Notary Public, residing at Caldwell Idaho
My commission expires Aug 23, 1959
(Seal)

Signed Enid E. Harding
(Signature of Any Credible Person)

815 Galveston, Caldwell, Idaho
(Street Address, City, State)

FORM DPH 55.155 NNCL 2-4-59 one copy pd.

FEB 23 1959

86 X-106 031-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

29049

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 9

FULL NAME OF CHILD Maurice Wayne Younger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3 6 1915

FATHER		MOTHER	
FULL NAME	Morris E. Younger	FULL MAIDEN NAME	Vivian Lewis
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Nezperce Idaho

Filed 4-10 1915 J. P. Jones Registrar

S-Y CO. 24655

SEP 1 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
AUG 1 1 1970
Bureau of Vital Statistics

Certificate No. 29049

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....

for Unnamed Younger (male child) who was born on March 6, 1915
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Mohler, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Maurice Wayne Younger
Father's First Name	Morris	Maurice

Subscribed and sworn to before me this 7 day of Aug., 1970

Richard LeBeau

Notary Public, residing at Craigmont, Idaho

My commission expires June 2, 1973

(Seal)

Signed Maurice E. Younger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Aug., 1970

Richard LeBeau

Notary Public, residing at Craigmont, Idaho

My commission expires June 2, 1973

(Seal)

Signed Peter A. Farris
(Signature of Any Credible Person)

Craigmont, Idaho
(Street Address, City, State)

FORM DH 60. 155

CL 5-7-62. one copy pd. rec. #10248.

Selective Risk Application to the Ohio National Life Insurance Co., Cintinati, Ohio. gives name as Maurice Wayne Younger., Born in Craigmont, ID March 6, 1915. Age 22 at this time Dated October 16, 1936. Signed by. C. O. McCargas. Viewed by V. S.

State Headquaters for selective Service, Boise, Idaho Dated Dec. 5, 1969 certifies that Maurice Wayne Younger registered for Selective Service on October 16, 1940 at Nezperce, Idaho. Gave birth date as March 6, 1915. Signed by. W. P. McDaniel, Majo AGC, Chief, Adminstrative Division. Viewed by V. S.

169-116-031-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 29050

Primary Registration District No. 2124 Registered No. 10

FULL NAME OF CHILD Logan Henry Jorgens

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ivan H. Jorgens	FULL MAIDEN NAME	Edith Johnson
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hon

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3-15-9 M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Jeffreys

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce

Filed 4-10 1915 J. F. Jones Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1943

AUG 7 1943

631-204-031-951

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29051

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 12

FULL NAME OF CHILD Elma Hazel ~~Flatt~~ Flatt

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas P. Flatt	FULL MAIDEN NAME	Annie Reese
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Idaho

Filed 4-10 1915 J. P. Jones Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] 1942

See Certificate #13475. Z.J.

DECEASED

692 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 29052

Primary Registration District No. 2124

Registered No. 11

FULL NAME OF CHILD Verona Marguerite Fike

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fr		Yes	3 20 1915

FATHER		MOTHER	
FULL NAME	Frank W. Fike	FULL MAIDEN NAME	Grace Lupes
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	H

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Ida

Filed 4-10 1915 J. F. Jones

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

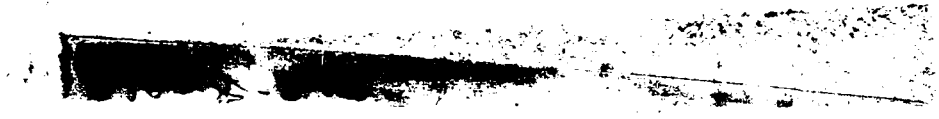
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 13, 1941. E.W.

MAY 2 1974

FEB 20 1974



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PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 29053

Primary Registration District No. 2124 Registered No. 6

FULL NAME OF CHILD Mary Charlotte Andersen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F			yes	3 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard L. Andersen	FULL MAIDEN NAME	Esther O. Johnson
RESIDENCE	Nezperce, Idaho.	RESIDENCE	Nezperce, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Hwk.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:00 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho.

Filed 3-29 1915 J. P. Jones Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17

168-120-03-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Lemhi

City of Reference Registration District No. 47 File No. 29054

No. ____ St.

Primary Registration District No. 2124 Registered No. 7

Hospital ____

FULL NAME OF CHILD Mervin Holmes Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 20, 1915

FATHER	MOTHER
FULL NAME Reuben O. Johnson	FULL MAIDEN NAME Della Johnson
RESIDENCE Reference, Idaho.	RESIDENCE Reference, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician or midwife present
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Filed 4-7 1915 J. T. Jones
Registrar Registrar

B-Y CO. 24088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

DECEASED

141-225-007-792

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

[redacted] DAHO
BUREA[redacted] STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 29055

Primary Registration District No. 2022 Registered No. 19

FULL NAME OF CHILD Agnes Marguarette Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	Second	yes	March 25 1915

FATHER		MOTHER	
FULL NAME	Harry A. Adams	FULL MAIDEN NAME	Marguarette Gibson
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Nevada
OCCUPATION	Probate Judge	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1135 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Peaf M.D.

(Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

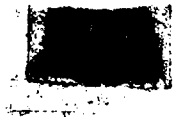
Filed Mar 30, 19 15 Robert H. Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 7 1959

AUG 7 1970

141-225-007-792

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 21 File No. 29056

Primary Registration District No. 2022 Registered No. 20

FULL NAME OF CHILD Agatha Marie Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	twin	first	yes	March 25 1915

FATHER		MOTHER	
FULL NAME	Harry R. Adams	FULL MAIDEN NAME	Marguerite Gibson
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Nevada
OCCUPATION	Probate Judge	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 30 19 15 Robert H. Wright

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 19.122.007493

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 29057

County of Blaine

City of Carey

Registration District No. 21

No. ____, ____ St.

Primary Registration District No. 2025

Registered No. 21

Hospital ____

FULL NAME OF CHILD Leron Jay Park

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 22, 1915

FATHER		MOTHER	
FULL NAME	Albert Andrew Park	FULL MAIDEN NAME	Ruth Hillyarth
RESIDENCE	Carey Ida.	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Carey Idaho

Filed Mar 26 19 15 Robert H Wright Registrar

8-Y CO., 16668

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 30 11 10 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Ravalli

Certificate No. 29057

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Levon Park (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1915 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Papers & Social Security (Bible Record, Insurance Policy, Etc.) prepared on 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	omitted	Jay

Subscribed and sworn to before me this 28th day of July, 19 76

Evelyn C. Spoonheim

Notary Public, residing at Hamilton, Montana

My commission expires July 9, 1977

(Seal)

Signed Levon Jay Park
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 N.E. Hawker Lane, Corvallis, Mont. 59828
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Ravalli

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 19 76

Evelyn C. Spoonheim

Notary Public, residing at Hamilton, Montana

My commission expires July 9, 1977

(Seal)

Signed Grant Park (Brother)
(Signature of Any Credible Person)

Rt. 1, Box 49, Victor, Montana 59875
(Street Address, City, State)

FORM DH 60-155

CL 71/76 nm

AUG 1 3 1976

Patriarchal Blessing dated June 2, 1923 by Edward Davis. givvs nameas Levon Jay Park son of Albert Andrew Park and Ruth Dilworth. born March 22, 1915. viewedby VS

Social Secuirty Act card gives nameas Levon Jay Park (519-18-7526). viewed by VS

651-118-107-866

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

29058

Registration District No. 21

File No. ____

Primary Registration District No. 2025

Registered No. 22

FULL NAME OF CHILD Vernon Perry Weaver

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Mar. 18, 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Perry Jones Weaver	FULL MAIDEN NAME: Bertha Howard
RESIDENCE: Fish Creek Idda.	RESIDENCE: Fish Creek Idda.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Brown Wood Texas.	BIRTHPLACE: Skelmesdale Lancashire England
OCCUPATION: Farming	OCCUPATION: House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:12 P. M. on the date above stated.

(Signature) Mrs. T. B. Howard

Midwife (Physician or Midwife)

Address Clary Idda.

Filed Mar 23 1915 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 17 1968

DEC 31 1941

913.1041.007 218

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 29059

No. ____, ____ St.

Primary Registration District No. 2025

Registered No. 23

Hospital ____

FULL NAME OF CHILD Winston Joseph Balls

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	April (Month) 4 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Christofer Balls	FULL MAIDEN NAME	Emma Ethyl Bay
RESIDENCE	Fish Creek Idaho	RESIDENCE	Fish Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Knox County Mo.	BIRTHPLACE	Macon County Ill.
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Address Hailey Idaho.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 7 19 15 Robert H. Wright Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1915-309726

361-128.007-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Carey
No. ..... St.
Hospital .....

AMENDED
May 27, 1947
Registration District No. 21
Primary Registration District No. 2025

File No. 29040
Registered No. 24

FULL NAME OF CHILD George Everett Coates
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 28 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: John Elbert Coates	FULL MAIDEN NAME: Julia Elizabeth Mathews
RESIDENCE: Carey, Idaho	RESIDENCE: Carey, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Marshall, North Carolina	BIRTHPLACE: Downy, Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

(Signature) Robert H. Wright, M.D.
(Physician or midwife)

Address Hailey, Idaho

Filed Apr. 1 1915 Robert H. Wright
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 29060

Primary Registration District No. 2026 Registered No. 24

FULL NAME OF CHILD George Everett

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Mar. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Elbert Coates	FULL MAIDEN NAME	Julia Elizabeth Mathews
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Marshall North Carolina	BIRTHPLACE	Lowry Mo.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or Midwife)

Address Hailey Ida

Filed Apr 1 1915 Robert H. Wright Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

7

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29060

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's age	28	34
Father's age	28	34

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Julia E. Coates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed B. F. Groesbeck
(Signature of Any Credible Person)

Fairfield Idaho
(Street Address, City, State)

MAY 2 ? 1947

434-H5-007238

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 29061

Primary Registration District No. 2077 Registered No. 75

FULL NAME OF CHILD Mable

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			No	Mch 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt McDonald	Evaline S. Schwamb
RESIDENCE	Hailey	Hailey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) W Kerrman

(Physician or midwife)

Address Hailey Ida

Filed Mch 20 19 15 Robert H Wright
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19 ____

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

285-117-007-366

PLACE OF BIRTH

[redacted] IDAHO
B[redacted] STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21

File No. 29062

Primary Registration District No. 2022

Registered No. 26

FULL NAME OF CHILD Robert D Sherry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mch (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernst Sherry	FULL MAIDEN NAME	Kate Cooper
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Isle of Jersey	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman, M D

(Physician or midwife)

Address Hailey Ida

Filed Mch 20 1915 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1943

NOV 1 1943

053-207

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21

File No. 29063

No. ____ St.

Primary Registration District No. 7022

Registered No. 27

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ Doris Heckert

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	~	7	yes	Mch 7 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Adolph ~~Heckert~~ Heckert	FULL MAIDEN NAME: Lena Dobberfuhl
RESIDENCE: Glendale - Bellevue R.D.	RESIDENCE: Glendale - Bellevue R.D.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Farmer	OCCUPATION: Home mkr

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue, Idaho,

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mch 8 19 15 Robert K Wright

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 1 1 1976

795-216-002855

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29064

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 28

FULL NAME OF CHILD Mary Belle Pierce

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	—	2	Yes	Mch 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernon L. Pierce	FULL MAIDEN NAME	May Hinchaw
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD
Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mch 18 1915 Robert H Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 0 1975

JUL 1 3 1982

666-118-007-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 29065

Primary Registration District No. 2072 Registered No. 29

FULL NAME OF CHILD Robert Edward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 18 1915

FATHER		MOTHER	
FULL NAME	James E Wootan	FULL MAIDEN NAME	Nellie Welch
RESIDENCE	Hill City Ida	RESIDENCE	Hill City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Atlanta Ida	BIRTHPLACE	Eureka Nev.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 20 1915 Robert H. Wright
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-109-007-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Registration District No. 71 File No. 29066

Primary Registration District No. 7077 Registered No. 30

Hospital .....

FULL NAME OF CHILD William Tecumseh Stockton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mch 9 1915

FATHER		MOTHER	
FULL NAME	Silas R. Stockton	FULL MAIDEN NAME	Edith Stout
RESIDENCE	Picabo Ida	RESIDENCE	Picabo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Shanbury Mo	BIRTHPLACE	Beatrice Nebr.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1209 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

.....19.....

Filed Mch 11 19 15 Robert H. Wright Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1943

795-206-014-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF [redacted]
BUREAU OF VITA[redacted]S

CERTIFICATE [redacted]

County of Canyon

City of Caldwell

No. _____ St.

Hospital No.

Registration District No. 3 File No. 29067

Primary Registration District No. 2005 Registered No. 35

FULL NAME OF CHILD Lavern Greenfield.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	ago.	Mar-6-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Greenfield.	FULL MAIDEN NAME	Edith Powell
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan.	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BM.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Caldwell Ida.

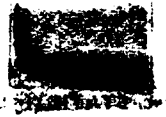
Filed 3-15- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 10 1988

344-109-014893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Middleton.

No. ..... St.

Hospital No.

Registration District No. 3 File No. 29068

Primary Registration District No. 2005 Registered No. 36

FULL NAME OF CHILD Hubert H. Cummings.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Mar 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. J. Cummings.	Grace Hillman.
RESIDENCE	Middleton	Middleton.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Kan.	Kan.
OCCUPATION	Teacher	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM.

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

Filed 3-15-1915 John L. Meyer Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/9/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-211-014-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29069

County of Canyon

City of ~~Caldwell~~ Middleton

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 37

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other	1st	No	Mar. (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Moore	FULL MAIDEN NAME	Elizabeth Goodman
RESIDENCE	Middleton	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Richland Oregon
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Henry

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed 3-20-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

295-2111014-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton R.F.D.

Registration District No. 3 File No. 29070

No. ..... St.

Primary Registration District No. 2005 Registered No. 38.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Mch 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Jefferson Meshears	FULL MAIDEN NAME	Josette Meshears
RESIDENCE	Middleton R F D	RESIDENCE	Middleton R F D
COLOR	No. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 s. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star, Idaho

Filed 3-16 1915 John S. Meyer Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544-113-014-546

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29072

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 40

FULL NAME OF CHILD Thomas Edwards Edmonston

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Mar 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie H Edmonston	FULL MAIDEN NAME	Ida Edwards
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah
OCCUPATION	Hon Painter	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Forrer

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 3-16 1915 John S. Meyer
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1956

362-113-014-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 29073

Primary Registration District No. 2005 Registered No. 41

FULL NAME OF CHILD Orville Richard Lobb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Mar-13-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. F. Lobb.	FULL MAIDEN NAME	Jennie Walker.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 3-15-1915 John J. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 20 1942

6-11-41 G. J.

962.215.014.253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.D.

Registration District No. 3

File No. 29074

No. _____ St.

Primary Registration District No. 2005

Registered No. 42

Hospital No.

FULL NAME OF CHILD Verla Marie Roberts.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Mar — 15 — 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. L. Roberts.	FULL MAIDEN NAME	Daisey Kelly.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BN.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Caldwell Ida

Filed 3-15- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 19[redacted]

439-116-014-433

Form V. S. No. 11-C—[illegible]-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.H.

Registration District No. 3 File No. 29075

No. ..... St.

Primary Registration District No. 2005 Registered No. 43

Hospital No.

FULL NAME OF CHILD Ross Leroy McIntyre

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Mar - 16 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. F. McIntyre.	FULL MAIDEN NAME	Mable McClean
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Canada.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 3-19- 1915 John S. Meyer Registrar

Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

JUL 28 1965

DEC 13 1949

DECEASED

238118 014-319

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.D.

Registration District No. 3 File No. 29077

No. ..... St.

Primary Registration District No. 2005 Registered No. 45

Hospital No.

FULL NAME OF CHILD Died 14 days after birth.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Mar -18- 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Schickling	FULL MAIDEN NAME	Anna Carlson.
RESIDENCE	Minn.	RESIDENCE	Minn.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hon. C. E. Watson.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 3-19- 1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-1191014-292

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Nampa. Rural

Registration District No. 3 File No. 29078

No. ..... St.

Primary Registration District No. 2005 Registered No. 46

Hospital No.

FULL NAME OF CHILD Eugene Edward Frye

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	yes	Mar 19 1915

FATHER		MOTHER	
FULL NAME	Edward Frye	FULL MAIDEN NAME	Pearl Bishop
RESIDENCE	Nampa	RESIDENCE	Nampa,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	dont know
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5-A M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. C. Walker

(Physician or midwife)

Address Caldwell Ida

Filed 3-19-1915 John L. Mayes Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

2/4/41 L. E.

MAR 20 1959

861-120-014-453

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.R.

No. ..... St.

Hospital No.

Registration District No. 3

Primary Registration District No. 2005

File No. 29079

Registered No. 47

FULL NAME OF CHILD Simon Monroe Haodley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Mar 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. M. Hoadley	FULL MAIDEN NAME	Phoebe Dillingin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller B.N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida

Filed 3-26-1915 John L. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 29079

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hoadley (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Simon Monroe Hoadley

Subscribed and sworn to before me this 26 day of January 1976

Notary Public, residing at Caldwell Idaho

My commission expires 4-20-77

(Seal)

Signed J. Eben Hoadley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 5 Caldwell Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of October 1976

Notary Public, residing at Caldwell

My commission expires 2-1979

(Seal)

Signed Edith Mae Skelton

(Signature of Any Credible Person)

R#6 Caldwell Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12/24/75 nm

Certif of Baptism from Methodist Episcopal Church. gives name as Simon Monroe Hoadley son of Mr. F. M. Hoadley and Mrs. F. M. Hoadley. born in Appleton, Idaho on March 20, 1915. viewed by V. S.

OCT 25 1976

Insurance Application from the Penn Mutual Life Insurance co of Philadelphia for Phoebe Hoadley. gives insured nam eas Simon M. Hoadley. bron March 20, 1915. dated Sept. 9, 1933. viewed by V. S.

962-223-014-455 (Be sure the information is complete and accurate)

Amended 4-13-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29080
Local Reg. No. 48
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Greenleaf
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Greenleaf
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gertrude
b. (Middle):
c. (Last): Roberts

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Mar. 23, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle): D.
c. (Last): Roberts

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Neb.

10. USUAL OCCUPATION: Teacher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle):
c. (Last): Mendenhall

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Neb.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. S. J. Miller

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Caldwell, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-26-1915

22. REGISTRAR'S SIGNATURE: John S. Meyer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

IF BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the local registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

4-11-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

APR 1 1 1966

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 29080

Date Filed .....

The undersigned does solemnly swear that certain facts on this certificate of Birth (Birth or Death)

for Gertrude Roberts (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1915 (Date of Event)

in Canyon Co. Greenleaf (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Fathers name	J. E.	Frank D. Roberts

Subscribed and sworn to before me this 11 day of April, 1966

Hazel L. Heirlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

X Signed B. E. Seaman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

511-11 Ave. S. Ext., Nampa, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

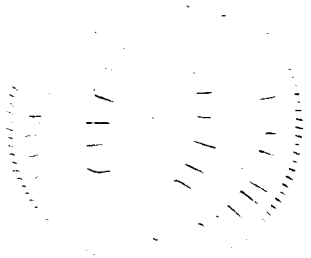
.....

(Street Address, City, State)

K FORM DH 60-155

Death certificate of father gives name as Frank Delbert Roberts. Died Feb.24,1939 in Caldwell. Certificate # 113420
Viewed by V. S.

Name of father on brothers certificate gives name of father as Frank D. Roberts
Certificate# 70774 Brother born August 8, 1919
Viewed by V. S.



Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. _____ St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 29080

Primary Registration District No. 2005 Registered No. 48

FULL NAME OF CHILD Gertrude Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Mar 29 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. C. Roberts.	FULL MAIDEN NAME	Alice Mendenhall
RESIDENCE	Greenleaf.	RESIDENCE	Greenleaf.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Teacher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-26-1915 John L. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

APR 13 1966

519.12.4.014.415

Amended 1-24-62

(Be sure the information is complete and accurate)

State File No. 29081

Local Reg. No. 49

Reg. Dist. No. 3

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rex

b. (Middle): Edwin

c. (Last): Naramore

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Mar. (Day) 24, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Samuel

b. (Middle): I.

c. (Last): Naramore

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): N. Y.

11a. USUAL OCCUPATION: Stockman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edith

b. (Middle): M.

c. (Last): Danielson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mich.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. D. Farrer

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Caldwell, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-27-1915

20. REGISTRAR'S SIGNATURE: John S. Meyer

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner c the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 29081

Registered No. 49

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam I Narimore	FULL MAIDEN NAME	Edith M. Danielson
RESIDENCE	Rockville Ida	RESIDENCE	Rockville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Mich
OCCUPATION	Stock man	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Farrer

Physician — (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Caldwell Idaho

Filed 3-27- 1915 John S. Meyer Registrar

8-Y CO. 20174

JAN 24 1962

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29081

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Narimore (male child) (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rex Edwin Naramore
Full Name of Father	Sam I. Narimore	Samuel I. Naramore

Subscribed and sworn to before me this 15 day of January, 1962

Notary Public, residing at Caldwell, Ida.
My commission expires 12/1/64
(Seal)

Signed Edith Marie Naramore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

904 Chicago Caldwell, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of CANYON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of January, 1962

Notary Public, residing at Caldwell, Idaho
My commission expires 12/1/64
(Seal)

Signed Fern B. Moore
(Signature of Any Credible Person)

1210 Everett Caldwell, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 1-8-62. nm

Own Child's Birth Cert. on file: (Idaho Birth) #49-02530 gives full name of father as Rex Edwin Naramore - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #48-2846 gives full name as Samuel Irving Naramore, born Jan. 22, 1868 at Ridge Mills, New York - viewed by V.S.

Selective Service Notice of Classification, Sept. 14, 1945 gives full name as Rex Edwin Naramore - order no. 237, class IV-A - viewed by V.S.

Idaho Driver's License, issued 7/6/37, No. 41280 gives full name as Samuel I. Naramore, - viewed by V.S.

Marriage Certificate, married July 29, 1909 in Multnomah County, Oregon gives full name of groom as S. I. Naramore and full name of bride as Edith Danielson - viewed by V.S.

118-124-064-299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.D.

No. ..... St.

Hospital No.

Registration District No. 3

File No. 29082

Primary Registration District No. 2005

Registered No. 50

FULL NAME OF CHILD Frank Burch Jaquith

Sex of Child Male

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 3 — 24 — 1915
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G B. Jaquith	FULL MAIDEN NAME	Myrtle Birch
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	S Dak.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 3-26- 1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29082

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert # 49-6925 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Family Record - viewed by v.s. obviously old - no alterations.	
Child's name	Missing	Frank Burch Jaquith

Subscribed and sworn to before me this 26th day of June, 19 57

J. Lloyd Christensen
Notary Public, residing at CALDWELL, IDAHO
My commission expires 11/7/57
(Seal)

Signed Myrtle K. Jaquith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 6 - Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CANYON }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of JUNE, 19 57

J. Lloyd Christensen
Notary Public, residing at CALDWELL, IDAHO
My commission expires 11/7/57
(Seal)

Signed Eula E Taylor
(Signature of Any Credible Person)
216 West Ash Caldwell Idaho
(Street Address, City, State)

FORM DPH 55. 155

DEC 5 1957

792-125014-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 29083

Primary Registration District No. 2005 Registered No. 51

FULL NAME OF CHILD Barton Leslie Gibbens 3-25

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	3-25-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry B. Gibbens	FULL MAIDEN NAME	Mary Burns
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisc.	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. E. Watson BM

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 3-26-1915 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-228101A-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 29085

Primary Registration District No. 1005 Registered No. 53

FULL NAME OF CHILD Blanche S. Mitchell

Sex of Child Female | Twin, Triplet or other? other | and Number in order of birth 1st | Legitimate? yes | Date of Birth Mar. (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Luthur John Mitchell	FULL MAIDEN NAME Edna Alice Skiffer
RESIDENCE Caldwell Ida.	RESIDENCE Caldwell Ida.
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Glenns Ferry Ida.
OCCUPATION Bookkeeper	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 7:25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Meyer

Physician

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-6- 1915 John S. Meyer

Registrar

8-Y CO. 24655

534-130-014-252

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29086

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 54

FULL NAME OF CHILD Mark Elmer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	Single	1	yes	March 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Gobat	FULL MAIDEN NAME	Polly Best
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Waterville Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gee M. D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-2-1915 John S. Meyers Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Caldwell

Registration District No. 3

File No. 29082

No. ..... St.

Primary Registration District No. 2005

Registered No. 45

Hospital .....

FULL NAME OF CHILD Oscar Raymond Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr 6 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Y. Mason	FULL MAIDEN NAME	Ocla Dement
RESIDENCE	Caldwell Rt. 4.	RESIDENCE	Caldwell. Rt. 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho -
OCCUPATION	Farmer -	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 4-10- 1915 John S. Meyer

Registrar

Registrar

8-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 22 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda }

Certificate No. 29987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1915 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Oscar Raymond Mason

Subscribed and sworn to before me this 18th day of June, 1973

Notary Public, residing at Oakland, Calif.

My commission expires 1-7-74

OFFICIAL SEAL
NANCY C. SWEARENGEN
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Jan. 28, 1974

Signed Daisybelle Delmas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5-5-73 NM

ICD [illegible] #20141

JUL 16 1973

Own child's birth certificate on file Idaho(#29087 correction) child File #57-111 gives father's name as Oscar Raymond Mason.--viewed by vs.

Insurance Policy from Iowa Mutual Ins. Co. gives name as Oscar R. Mason. of Lincoln, NEb. Dated 10-3-68 expires 10-3-69. Viewed by V. S.

962.130-025-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia, Ida. Registration District No. 49 File No. 29088

No. ____ St. Primary Registration District No. 2128 Registered No. ____

Hospital ____

FULL NAME OF CHILD Jesse Benjamin Robinett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 30 1915

FATHER		MOTHER	
FULL NAME	Oliver P. Robinett	FULL MAIDEN NAME	Matilda Ann Shaw
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D. (Physician or midwife)

Given names added from a supplemental report

____ 19____

Address Kamiah, Idaho.

Filed 4/9/'15 19____ W. F. McMahan

____ Registrar

S-Y CO. 20174 Registrar

JUN 17 1944

954-228-025-295

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29089

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 49 File No. .....

Primary Registration District No. 2128 Registered No. .....

FULL NAME OF CHILD Verna Claire Redford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	3 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm A Redford	FULL MAIDEN NAME	Mabel C Kincaid
RESIDENCE	~~Ida~~ Stites, Ida.	RESIDENCE	Stites, Ida.
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. McMahan

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah, Idaho.

Filed 7/9 1915 W. T. McMahan
Registrar

Registrar

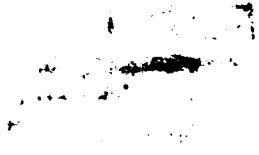
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1944



433-226031-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

For [illegible] 20m-2-15-12

23090

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

Registration District No. 49 File No. .....

Primary Registration District No. 2128 Registered No. .....

FULL NAME OF CHILD Mary McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	3 26 1915

FATHER		MOTHER	
FULL NAME	George McCoy	FULL MAIDEN NAME	Mattie Nelson
RESIDENCE	Kamiah, Idaho.	RESIDENCE	Kamiah, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan, M.D.
(Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 4/8 1915 W. F. McMahan Registrar

..... Registrar

S-Y CO. 20174

293-124031-463

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29091

County of Lewis

City of Kamiah

No. ____ St.

Hospital ____

Registration District No. 49

Primary Registration District No. 2128

File No. ____

Registered No. ____

FULL NAME OF CHILD William Halden Kitchen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 24 1915

FATHER		MOTHER	
FULL NAME	William Kitchen	FULL MAIDEN NAME	Francis E. Doty
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. McMeahan

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah, Idaho.

Filed 4/6/ 1915 L. F. McMeahan

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-127108-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boise

City of Placerville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-

CERTIFICATE OF BIRTH

29092

Registration District No. ~~20~~ 29 File No. .....

Primary Registration District No. 2019 Registered No. 60

FULL NAME OF CHILD William Paine Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar. 27 1915

FATHER

FULL NAME Guello P. Howard

RESIDENCE Placerville

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Illinois

OCCUPATION Day Laborer.

MOTHER

FULL MAIDEN NAME Mary K. Cooper.

RESIDENCE Placerville

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Fitz

G. J. Physician (Physician or midwife)

Address Placerville, Ida.

Given names added from a supplemental report

Apr 10 1915

Filed Apr 10 1915 Mae J. Fitz Deputy Registrar

Registrar

S-Y CO. 20174

548-117-044-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. 29094

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin ✓ Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Mar 17 1915

FATHER		**MOTHER**	
FULL NAME	Chas Edwards	FULL MAIDEN NAME	Hattie Wells
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho Boise
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive (Born alive or stillborn) at 4:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmidt M.D. (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19.....

Filed Mar 18 19 15 C E Schmidt Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-117-044-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. 29095

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin ✓ Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1 (To be answered only in event of plural births)	yes	Mar 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Edwards	FULL MAIDEN NAME	Hantt Wells
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho Boise
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Cambridge Idaho

Filed Mar 17 1915 C E Schmitz Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-114-044-362

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. _____ *St.*

Hospital _____

Registration District No. 88 **File No.** 29096

Primary Registration District No. 2164 **Registered No.** _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	7	Yes	Mar 14 1915

FATHER		MOTHER	
FULL NAME	Nelson C Neilson 38	FULL MAIDEN NAME	Myrtle E Castle
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Colorado
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address Cambridge Idaho

Filed Mar 14 1915 C E Schmitz *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup. of 338786

354-118-0444-655

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 55 File No. 29097

Primary Registration District No. 2164 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Thomas Cornish.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 18 1915

FATHER		MOTHER	
FULL NAME	William H Cornish.	FULL MAIDEN NAME	Eva Wanders
RESIDENCE	Salubria Ida	RESIDENCE	Salubria Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schwartz MD (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19.....

Filed Feb 1 1915 O E Schwartz Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 319572

236[illegible]5-018-432

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

29099

County of Clearwater

City of Grier

Registration District No. 90 File No.

No. , St.

Primary Registration District No. 2168 Registered No. 12

Hospital

FULL NAME OF CHILD Frank D. Stockard

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	X		X	yes	Jan (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas A. Stockard	FULL MAIDEN NAME	Elsie M. McKinny
RESIDENCE	Grier Idaho	RESIDENCE	Grier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W Horswell

(Physician or Midwife)

Given names added from a supplemental report

Address Physician

, 19

Filed Mch 15 1915 J. M. Fairty Registrar

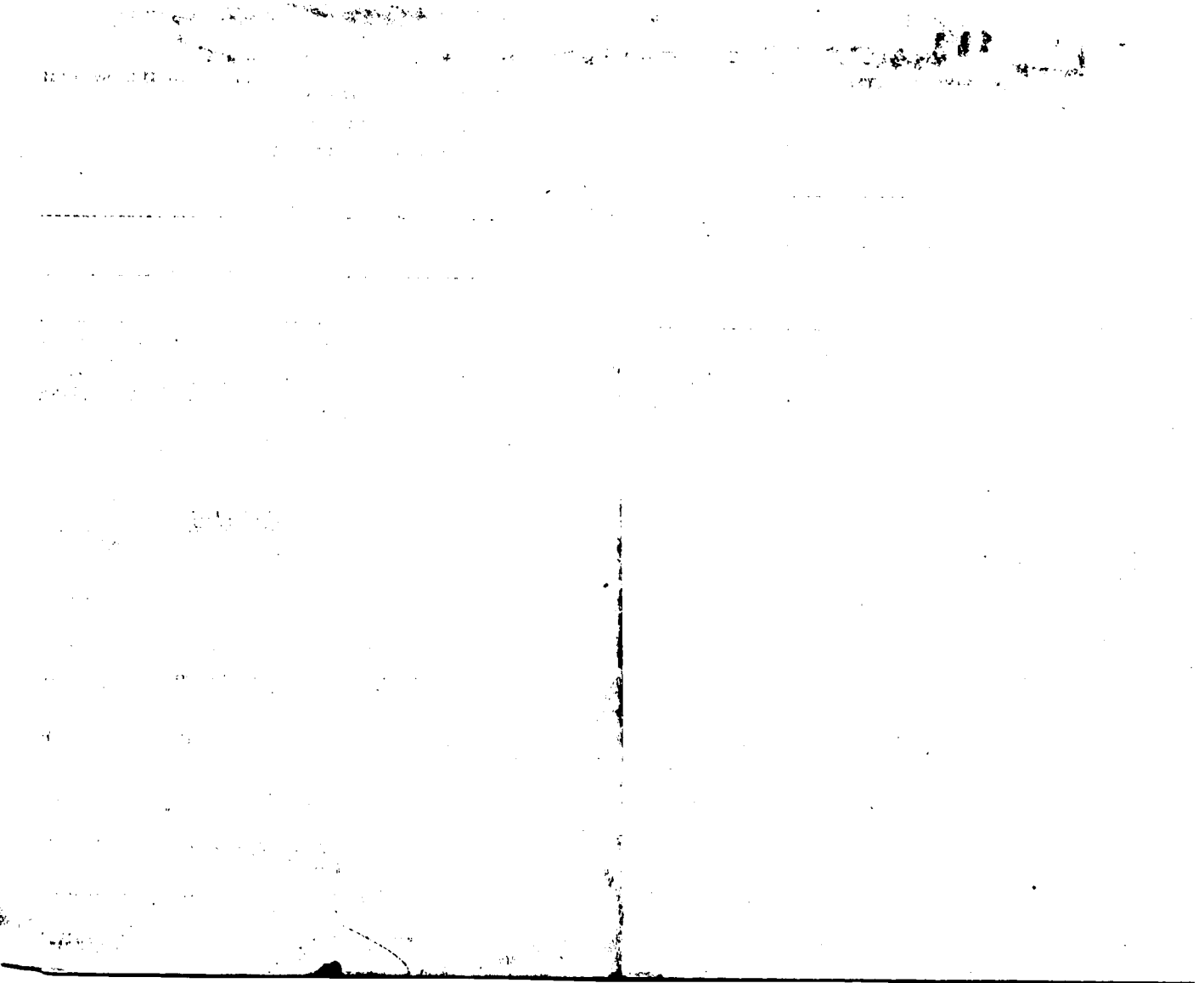
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

Registration District No. 90 File No. 29101

No. ....., ... St.

Primary Registration District No. 2168 Registered No. 14

Hospital .....

FULL NAME OF CHILD Eugene Victor Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Isaiah Abbott	FULL MAIDEN NAME	Nannie M. Wade
RESIDENCE	Ahsahka, Ida	RESIDENCE	Ahsahka, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 27 19 15 J. M. Fairly

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

FEB 8 1947

FULL

Sex of

Child

FULL NAME

RESIDE

COLOR

BIRTH

Registrar

753-116-440-79 [redacted]

.CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

No. ..... St.

Hospital .....

Registration District No. .....

File No. 29102

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elmer, Thomas Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) – 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer John Peterson	FULL MAIDEN NAME	Kathryne Graff.
RESIDENCE	Avery, Ida.	RESIDENCE	Avery, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Germany
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

(Physician or midwife) [illegible] Joe

Address Idaho

Given names added from a supplemental report.

..... 19....

Filed 4/5 1915 H. L. Mulcahy

Registrar

Registrar

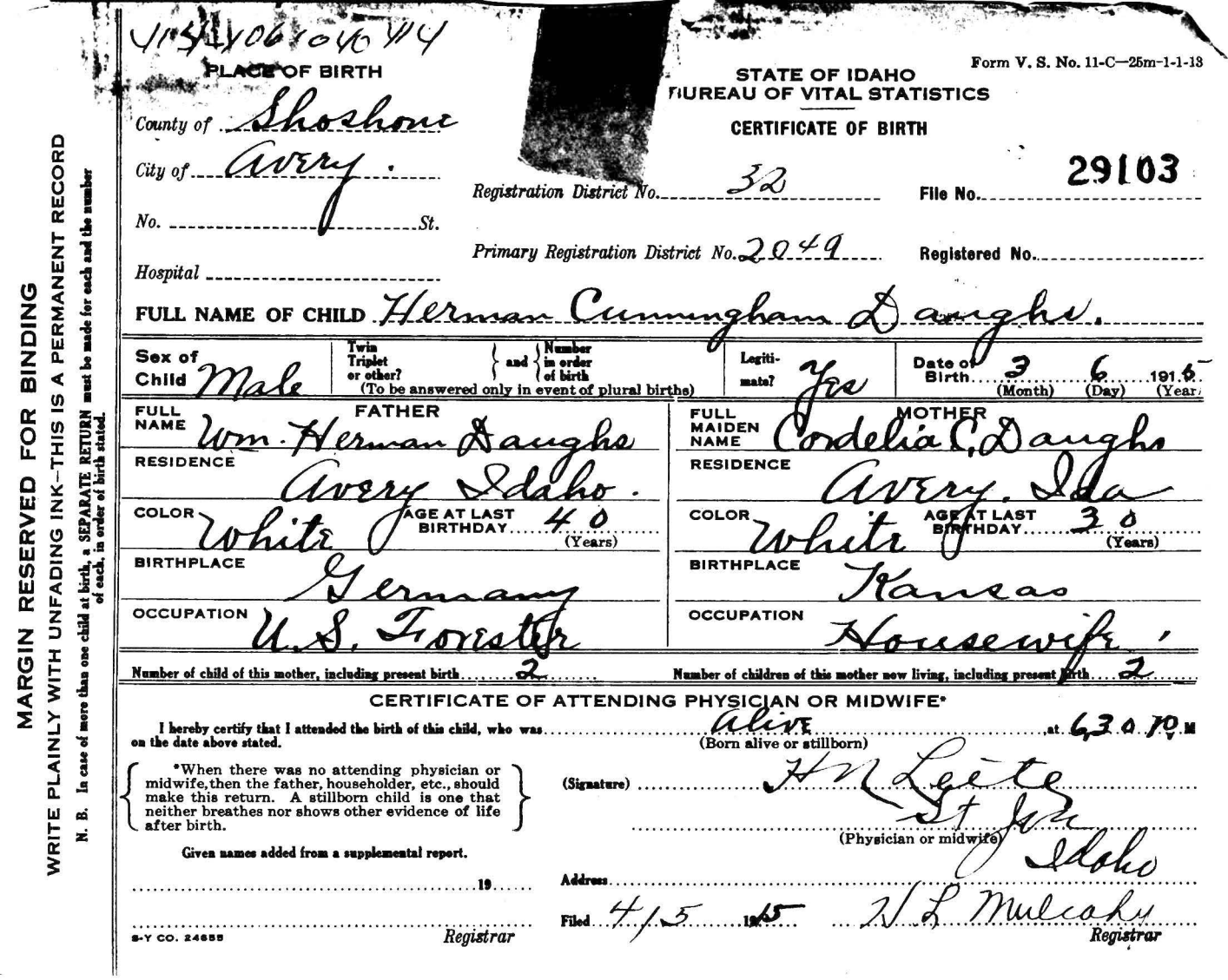
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 5 1941



PLACE OF BIRTH

County of Shoshone

City of Avery.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 29103

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Herman Cunningham Daughs.

Sex of Child: Male

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 3 (Month) 6 (Day) 191 6 (Year)

FATHER

FULL NAME: Wm. Herman Daughs

RESIDENCE: Avery Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Germany

OCCUPATION: U.S. Forester

MOTHER

FULL MAIDEN NAME: Cordelia C. Daughs

RESIDENCE: Avery. Ida

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete

St. Joe

(Physician or midwife)

Idaho

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

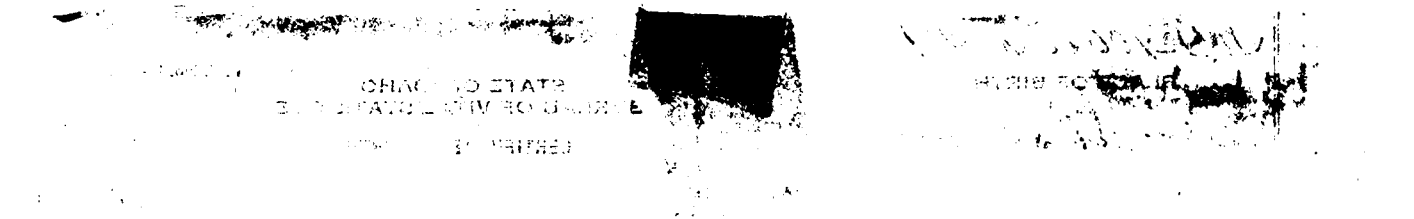
Filed 4/15 1916 W. L. Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 25 1942

[redacted] 005-265

BIRTH

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 29104

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frederick William Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	4 - 3 - 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick D Campbell	Harriet Boettcher
RESIDENCE	St Maries	St Maries Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Texas	Spokane, Wash
OCCUPATION	Bookkeeper	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10.45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Clark MD
(Physician or midwife)

Given names added from a supplemental report. .....19.....

Registrar

Address St Maries Ida

Filed 4/5 1915 W L Mulcahy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 1 3 1942

DECEASED

388-104-005-964

CERTIFICATE OF BIRTH 388-104-005-964

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

County of Bonneville

City of St Maries

Registration District No. 32

File No. 29105

No. ____ St.

Primary Registration District No. 2049

Registered No. ____

Hospital ____

FULL NAME OF CHILD Estel Rader Tyler Carter Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M+F	Yes	2 3	Yes	4 4 1915

FATHER		MOTHER	
FULL NAME	Alfred Tyler	FULL MAIDEN NAME	Auburn Roundy
RESIDENCE	St Maries	RESIDENCE	St Marie Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt M D

(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 4/15 19 15 H L Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

Certified Copy Issued Feb. 28, 1941. E.W.

Z-ITWINS A+B

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 29105

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Names (twins)	Unnamed	Estel Reader and Easter Tyler

Subscribed and sworn to before me this 21st
day of March, 1944

Shirley Keown
Notary Public, residing at Renton, Wash.

My commission expires Dec. 21, 1946
(Seal)

Signed Georgia F Tyler (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

703 Bellevue Ave N Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1944

Grace L. Olsen
Notary Public, residing at Seattle

My commission expires Aug. 16, 1946
(Seal)

Signed Mrs Nellie Keenan (Aunt)
(Signature of Any Credible Person Other Than Previous Year)

1105½ N 48. Seattle 3 Wn
(Street Address, City, State)

APR 3 1944

388-104-005-964

CERTIFICATE OF BIRTH 388-104-005-964

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

County of Bonneville

City of St Maries

Registration District No. 32

File No. 29105

No. ____ St.

Primary Registration District No. 2049

Registered No. ____

Hospital ____

FULL NAME OF CHILD Estel Rader Tyler Carter Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M+F	Yes	2 3	Yes	4 4 1915

FATHER		MOTHER	
FULL NAME	Alfred Tyler	FULL MAIDEN NAME	Auburn Roundy
RESIDENCE	St Maries	RESIDENCE	St Marie Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt M D

(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 4/15 19 15 H L Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

Certified Copy Issued Feb. 28, 1941. E.W.

Z-ITWINS A+B

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 29105

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Names (twins)	Unnamed	Estel Reader and Easter Tyler

Subscribed and sworn to before me this 21st
day of March, 1944

Shirley Keown
Notary Public, residing at Renton, Wash.

My commission expires Dec. 21, 1946
(Seal)

Signed Georgia F Tyler (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

703 Bellevue Ave N Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1944

Grace L. Olsen
Notary Public, residing at Seattle

My commission expires Aug. 16, 1946
(Seal)

Signed Mrs Nellie Keenan (Aunt)
(Signature of Any Credible Person Other Than Previous Year)

1105½ N 48. Seattle 3 Wn
(Street Address, City, State)

APR 3 1944

418-117-005795

Form V. S. No. 11-C

PLACE OF BIRTH

County of Benewah

City of Fernwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 29106

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD John William Day Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	3 17 1915

FATHER		MOTHER	
FULL NAME	John William Day	FULL MAIDEN NAME	Maude Irene Prince
RESIDENCE	Fernwood Idaho	RESIDENCE	Fernwood Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Wisconsin and Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm William Day

Father (Physician or midwife)

Address Fernwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/5 1915 W. L. Muldahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

168-228-0005-593

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29107

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. .....

Primary Registration District No. 2079 Registered No. .....

FULL NAME OF CHILD Mary Julia Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	Yes	3 28 1915

FATHER		MOTHER	
FULL NAME	Walter Johnston	FULL MAIDEN NAME	Julia Ericklund
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Pratt M.D. (Physician or midwife)

Address St Maries Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

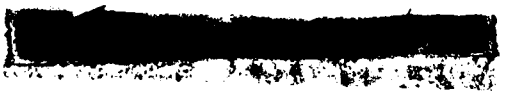
Filed 4/5 1915 W L Mulcahy Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



462-225-005-445

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 29108

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Mosley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	1	Yes	3 25 1915

FATHER		MOTHER	
FULL NAME	Otto Mosley	FULL MAIDEN NAME	Maggie Mann
RESIDENCE	St Maries	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Clerk	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

M D
(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/5 19 15 N. L. Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-216-005-358

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29109

Registration District No. 321 File No. .....

Primary Registration District No. 21049 Registered No. .....

FULL NAME OF CHILD Florence Irene Saxton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	4	yes	3 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Saxton	FULL MAIDEN NAME	Bertha Tellman
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address St Maries Ida

Filed 4/5 1915 H. L. Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1944

MAR 3 1971

443114-005-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital

Registration District No. 32 File No. 29110

Primary Registration District No. 2049 Registered No.

FULL NAME OF CHILD Lawrence Ducammun (LAWRENCE N DUCOMMUN)

Sex of Child m	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 3 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Ducammun	FULL MAIDEN NAME	Jeanne Jacot
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	St Maries Ida	BIRTHPLACE	St Maries
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries Ida

Filed 4/5 1915 H L Mulcahy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 19

961-119-028-464

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29112

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. .....

Registered No. .....

FULL NAME OF CHILD Ellis Warren Roach.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Jan (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ellis E. Roach.	FULL MAIDEN NAME	Claudia Dodson
RESIDENCE	St Maries.	RESIDENCE	St Maries.
COLOR	white. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Texas
OCCUPATION	Laborer.	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.25 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C J Kinsolving

T. Physician (Physician or midwife)

Address St. Maries. Idaho.

Filed 4/5 1915 H L Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 308035

255-104-028-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29113

Registration District No. 321 File No. .....

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Carl Winston Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 4 1915

	FATHER	MOTHER
FULL NAME	Carl Arthur Benson	FULL MAIDEN NAME Minnie A. Martinson
RESIDENCE	St. Maries Idaho	RESIDENCE St Maries Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Troy Idaho
OCCUPATION	Planing Mill Laborer	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. MacRae

Physician (Physician or midwife)

Address St Maries Idaho

Filed 4/5 1915 W. L. Mulcahy Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

713-215-005

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIR[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St Maries

Registration District No. 32

File No. 29114

on Rouch, St. Joe river.

Primary Registration District No. 2049

Registered No.

Hospital

FULL NAME OF CHILD Agnes Patterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Febr. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Patterson	FULL MAIDEN NAME	Olga Bel
RESIDENCE	St. Maries, (St Joe river)	RESIDENCE	(St. Joe river,) St Maries,
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Switzland
OCCUPATION	Rouchers	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address St Maries, Idaho

19

Filed 4/5 1915 H L Mulcahy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 9

412-231-005 1915

PLACE OF BIRTH

County of Bonneville

City of St Joe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 29115

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Myrtle Louise Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	March 31 1915

FATHER		MOTHER	
FULL NAME	Albert Mason	FULL MAIDEN NAME	Ethel Hartley
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	W. Va	BIRTHPLACE	Wash.
OCCUPATION	Lab	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete

St Joe Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 4/5 1915 W. L. Mulcahy

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 9 09 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 29115

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Mason (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1915 (Date of Event) in St. Joe, Idaho (Benewah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Myrtle Louise Mason

Subscribed and sworn to before me this 2nd day of November, 1977

Marilyn J. Bristol
Notary Public, residing at Dear Park, Wa.
My commission expires 6-15-78
(Seal)

*Signed Ada M Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 1977

Everett J. D. Martins
Notary Public, residing at Seattle
My commission expires 1-20-1981
(Seal)

Signed Glen Alvin Mason
(Signature of Any Credible Person)

16210-11 SW
(Street Address, City, State)
Seattle Wash 98166

FORM DH 60-155

CL 10/25/77

Family record for Keys Mason, Jr. and Marjorie Elaine Hunt gives child's name as Myrtle Louise Mason born at St. Joe Idaho on Mar 31, 1915. viewed by V. S.

DEC 27 1977

Family Bible record gives name as Myrtle Louise Mason born March 31, 1915 viewed by V. S.

253-209-020-36

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 29116

Primary Registration District No. 2020

Registered No. 12

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			3 9 1915

FATHER		MOTHER	
FULL NAME	Ernest Beckett	FULL MAIDEN NAME	Sylva Etta Coates
RESIDENCE	Pocatello	RESIDENCE	Mtn. Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	Unknown	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Unknown	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Teacher

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Mtn Home

Filed 4/14 1915 B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DUP OF 1915 D 74-485

168-206-020-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. ~~28~~ 34 File No. 29118

No. — St.

Primary Registration District No. 2020 Registered No. 11

Hospital —

FULL NAME OF CHILD Mary Alwilda Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mch 6 1915

FATHER		MOTHER	
FULL NAME	Ralph Eugene Johnson	FULL MAIDEN NAME	Lena Alice Rosa
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Fragier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Mtn Home Ida

Filed 4/14 1915 B. W. Mather Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1954

693-231-020-897

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No. 29119

Primary Registration District No. 2020 Registered No. 14

FULL NAME OF CHILD [illegible] Effie Elaine Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	3 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wilson	FULL MAIDEN NAME	Mabel Hightower
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Kas
OCCUPATION	Laborer ?	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mtn Home Ida

Filed 4/14 1915 Bill Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1943
DEC 30 1943

154-201-002-492

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Registration District No. 71 File No. 29120

Primary Registration District No. 2148 Registered No. 197

FULL NAME OF CHILD Alice Delilah

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe.		yes	3 — 1 — 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H C Anderson	FULL MAIDEN NAME	Ethel Marie ~~Anderson~~ Missman
RESIDENCE	Council	RESIDENCE	Council
COLOR	Whr. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	Whr AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	Hope

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 3 — 1 — 1915 Frank E. Brown
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1 1942

484-119-002-457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 71

File No. 29121

No. ____ St.

Primary Registration District No. 2148

Registered No. 198

Hospital ____

FULL NAME OF CHILD Walter Harold Dymoke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No	3-19-1915

FATHER		MOTHER	
FULL NAME	Walter W Dymoke	FULL MAIDEN NAME	Fanny D'Agostino
RESIDENCE	Indian Valley	RESIDENCE	"
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 3-19-1915 Frank E. Brown Registrar

8-Y CO. 24655

986.129.002-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Registration District No. 70 File No. 29122

Primary Registration District No. 2148 Registered No. 199

FULL NAME OF CHILD No Name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3-29-15

FATHER		MOTHER	
FULL NAME	J. E. Rhodes	FULL MAIDEN NAME	Pearl Gibson
RESIDENCE	Council	RESIDENCE	"
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H.W.F.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Frank E Brown

(Physician or midwife)

Address _____

Filed 3-29 19 15 Frank E. Brown Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-101035-555

PLACE OF BIRTH

[redacted]STATE OF IDAHO
[redacted]U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 29123

No. ..... St.

Primary Registration District No. 1009 Registered No. 96

Hospital St Josephs

FULL NAME OF CHILD Joseph Vincent Schultz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph A. Schultz	FULL MAIDEN NAME	Mary Eversman
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Banker	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmo G Braddock

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Ida.

Filed Apr. 10 1915 L. J. Curkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

[redacted]

694-108-035-231

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. 29124

Primary Registration District No. 1009 Registered No. 27

FULL NAME OF CHILD — Rena Ordney

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	4th	Yes	March 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oney Ordney	FULL MAIDEN NAME	Rena Blackman
RESIDENCE	Riferia, Wash.	RESIDENCE	Riferia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Cali
OCCUPATION	Laborer See Norman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

Lewiston Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr. 10 1915 L. J. Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-1028-035-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. 29125

Primary Registration District No. 1009 Registered No. 28

FULL NAME OF CHILD Howard Lee Rupgaber

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	2	Yes	March 28 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Rupgaber	FULL MAIDEN NAME	Carrie Ward
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Pen	BIRTHPLACE	Kan
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho

Filed Apr. 10 - 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Nez Perce)

Certificate No. 29125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Howard Lee Rugaber (Name on original certificate) who was born (was born or died) on March 28, 1915 (Date of event) in Lewiston (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Birth Record (Bible record, insurance plcy.etc.) prepared on March 1945 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
SurName	Rugaber	Rukgaber
Given Name	John	Howard Lee
Birth date	March 8	March 28

Subscribed and sworn to before me this 16 day of September 1941.

Signed John Rukgaber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Phil Neugebauer
Notary Public
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER
Residing at .....

Rt #2 Box 16 A, Clarkston, Washington
(Street address, City, State)

My commission expires .....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Nez Perce)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of September 1941.

Signed Alice R. Lydon
(Signature of any credible person other than the previous affiant.)

Phil Neugebauer
Notary Public
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER
Residing at .....

625-6th Street, Lewiston, Idaho
(Street address, City, State)

My commission expires .....
(SEAL)

11-4-1

445-115-035-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 905 Main St

Hospital

Registration District No. 96

File No. 29126

Primary Registration District No. 1009

Registered No. 29

FULL NAME OF CHILD Floyd Adrian Duncan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Duncan	FULL MAIDEN NAME	Ethel Roland
RESIDENCE	905 Main St	RESIDENCE	905 Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 724 9 Ave City

Filed Apr. 10 1915 L J Perkins
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-4-44

445-29-2035-796

PLACE OF BIRTH

Form V. S. No. 11-C Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 29127

No. 1614 7th Ave

Primary Registration District No. 1009

Registered No. 30

Hospital

FULL NAME OF CHILD Mary Louise Dundas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	March 29 (Month) (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Perry Dundas	FULL MAIDEN NAME	Mayme Gifford
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin G. Braddock

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Sept. 10 1918 L. J. Curtis
Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1972

238-209-003-291

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted]ITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

29129

County of Bannock

City of Pocatello

No. 1509 No Arthur

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 79

Hospital

FULL NAME OF CHILD — Schauerhamer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	2		5	Yes	Mar 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm L Schauerhamer	FULL MAIDEN NAME	Mary Krahenbuhel
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Ida

Filed 3/12 1915 O B Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OF IDAHO
ITAL STATIS

CERTIFICATE OF BIRTH

962-105-003-216

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 633 W Carson

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29130

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 78

FULL NAME OF CHILD Rosquist, Vaughn August

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	3 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Rosquist	FULL MAIDEN NAME	Tillie Sjoberg
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	3 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Millville Ut
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steele

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Ida

Filed 3-10 1915 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

Z - ROSQVIST

DUP001915-30670

Amended 1-9-58

PLACE OF BIRTH

493.204(007.265

County of Bannock

City of Pocatello

No. 746 W. Bridger St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 29131-A

Primary Registration District No. 2161 Registered No. 77

FULL NAME OF CHILD Kathleen Star Miley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1st	Yes	March 4, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Edward H. Miley	FULL MAIDEN NAME: Isabel Bonner
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Francis H. Poole

M. D.
(Physician or midwife)

Address Pocatello, Idaho

Filed 3-15-1915 O. B. Steely
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29131

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Mylie (Female Twins) (Name on Original Certificate) who born (Was Born or Died) on March 4, 1915 (Date of Event) in Bannock (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by #66549 & 278762 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	(The Correct Facts)
		1st Born
Child's Name	Unnamed Mylie	Kathleen Star Miley
Father's Last Name	Mylie	Miley

Subscribed and sworn to before me this 9 day of January, 1956.

Notary Public, residing at Eagle, Ida.
My commission expires Sept 28, 1960
(Seal)

Signed E H Miley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 E Idaho Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of January, 1956.

Notary Public, residing at Eagle, Ida.
My commission expires Sept 28, 1960
(Seal)

Signed Isabel B. Miley
(Signature of Any Credible Person)

114 E. Idaho – Boise, Ida
(Street Address, City, State)

FORM DPH 55. 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of ~~Pocatello~~ Bannock

City of Bannock

No. 746 W. Bridger St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29131

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 77

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twins	2	Yes	Mch. (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H. Mylie	FULL MAIDEN NAME	Isabel Bonner
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of ~~this child~~ these children, who was born alive (Born alive or stillborn) at 11.10 and 11.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M. D.

(Physician or midwife)

Address Pocatello

Filed 3-15- 1915 O B Seeg Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

JAN 29 1970

JAN 10 195

Amended 1-9-58

PLACE OF BIRTH

493-204(003)-265

County of Bannock

City of Pocatello

No. 746 W. Bridger St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 29131-B

Primary Registration District No. 2161 Registered No. 77

FULL NAME OF CHILD Marilyn Jane Miley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	March 4, [redacted] 1915

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward H. Miley	FULL MAIDEN NAME	Isabel Bonner
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M. D.
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 3-15-1915 [redacted] O. B. Steely
Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29131

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mylie (Female Twins) (Name on Original Certificate) who born (Was Born or Died) on March 4, 1915 (Date of Event)
in Bannock Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #66549 & 298793 (Bible Record, Insurance Policy, Etc.) prepared on School Record - Pocatello (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Mylie	Marilyn Jane Miley
Father's Last Name	Mylie	Miley
	Viewed by vital stat	2nd born

Subscribed and sworn to before me this 9 day of February, 1958.

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed E. H. Miley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 E. Idaho St. Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 1958.

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Isabel B. Miley
(Signature of Any Credible Person)

114 E. Idaho Boise - Ida.
(Street Address, City, State)

FORM DPH 55. 1956

JAN 10 1958

364.204.007-615

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29132

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 624 S. 3rd Ave St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 76

Hospital

FULL NAME OF CHILD Mary Eleanor Comastri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Achille Comastri	Ada Favero
RESIDENCE	624 S. 3rd Ave	624 S 3rd ave
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Italy	Italy
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Mrs. Annie Bird

Midwife
(Physician or midwife)

Address 905 S. Main St. Pocatello Idaho

Filed 3/6/ 19 15 O. J. Neely
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1942

653-103-003-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29133

County of Bannock

City of Lund

No. ..... St.

Hospital .....

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 75

FULL NAME OF CHILD Ariel Welch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Mar 3 1915

FATHER		MOTHER	
FULL NAME	Judson C. Welch	FULL MAIDEN NAME	Emma Hansen
RESIDENCE	Lund, Ida.	RESIDENCE	Lund
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.40 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. N. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Ida

Filed 3/6/ 1915 O B Steely

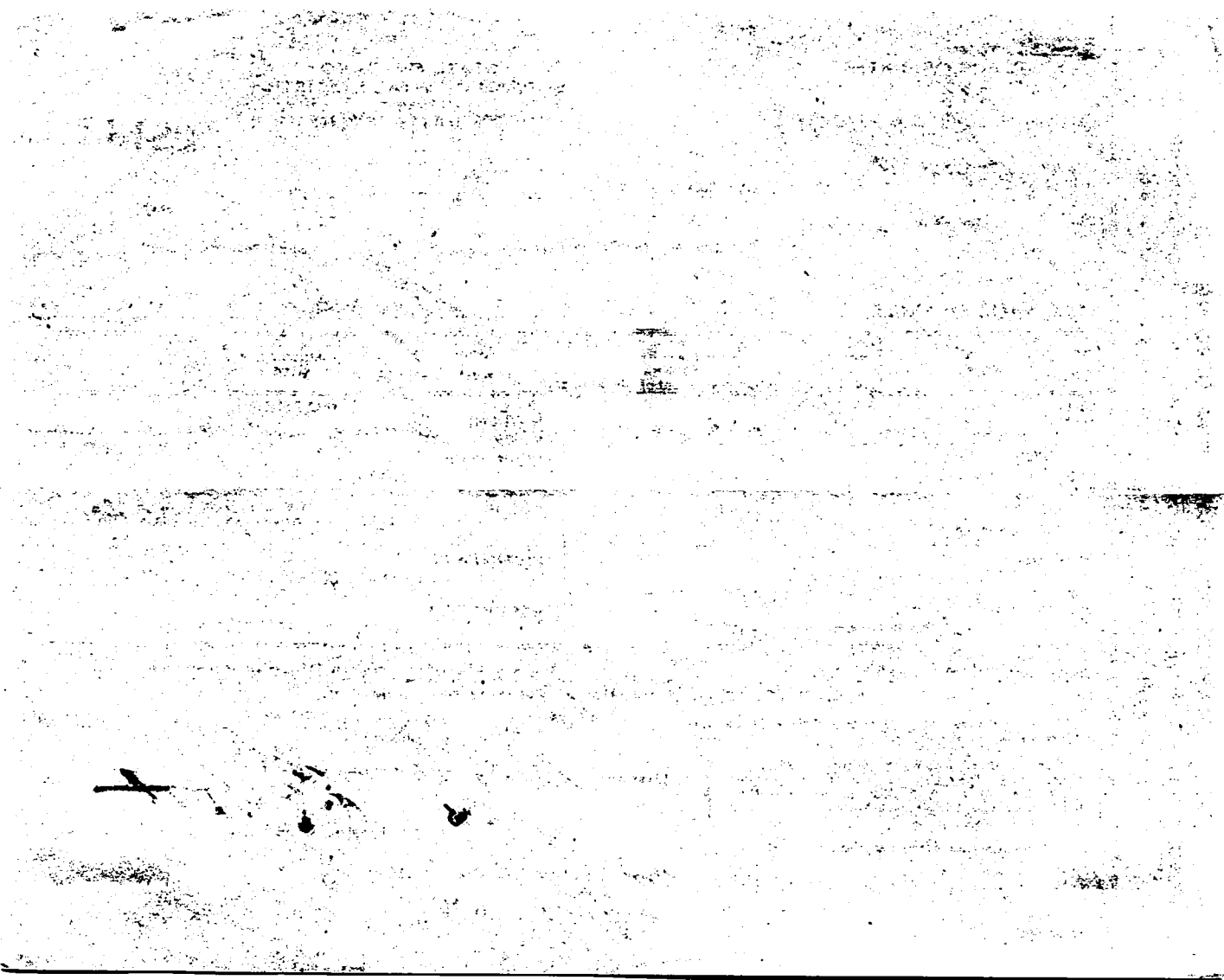
Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



769-202-003-393

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29134

County of Bannock

City of Pocatello

No. Farm N. of Pocatello St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 74

FULL NAME OF CHILD Caroline Frances Porter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	March 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Merrithew Porter	FULL MAIDEN NAME	Caroline Marie Letchenegger Lichtenegger
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Louisville, Ga	BIRTHPLACE	Wein-Germany
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D (Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed 3-15- 1915 O B Sisk Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 29134

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 2, 1915 (DATE OF EVENT)
in Bannock County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Caroline Frances Porter
mother's name	Caroline Marie Letchenegger	Caroline Marie Lichtenenegger

Subscribed and sworn to before me this 30th day of May, 1942.

Theo J. Turner
Notary Public residing at Pocatello, Idaho
My commission expires Oct. 15th 1944.
(SEAL)

Signed Mrs Caroline Porter Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
442 N. Arthur Ave, Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1942.

Theo J. Turner
Notary Public, residing at Pocatello, Idaho
My commission expires Oct. 15th 1944.
(SEAL)

Signed Frank M. Porter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
257 North 10th Ave. Father of child referred in above affidavit.
Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 5 1942 By
(REGISTRAR'S SIGNATURE)

MAY 6 1942

814-10-003-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 732 So 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29135

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 73

FULL NAME OF CHILD Clark Hadley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	Yes	March 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fay W. Hadley	Violet Carlson
RESIDENCE	Pocatello	Pocatello 23
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	
BIRTHPLACE	Willard - Utah	Clifton - Idaho
OCCUPATION	Car Inspector	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/10 1915 O B Steely
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-171-003-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29136

County of Bannock

City of Pocatello

No. 316 N. Arthur St.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 42

Hospital

FULL NAME OF CHILD John Sperrior DeWitt

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jany 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Spear DeWitt	FULL MAIDEN NAME	Barbara May Ritson
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virginia City, Mont	BIRTHPLACE	Afton, Wyo
OCCUPATION	Painter	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-15- 19 15 O. B. Sing
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1969

795.129.003-255

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1141 N. Main St.

Hospital

Registration District No. 84 **File No.** 29137

Primary Registration District No. 2161 **Registered No.** 41

FULL NAME OF CHILD Agustus Laverne Gregg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jany 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Claude Gregg	FULL MAIDEN NAME	Mary Anna Kendrick
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Springdale, Ark	BIRTHPLACE	Springdale, Ark
OCCUPATION	Boiler Helper	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Filed 2-1- 1915. O. B. Stutz
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-1281003-619

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted]VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

29138

County of Bannock

City of Pocatello

No. 454 So. Main St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 40

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	August W. Mahoney	FULL MAIDEN NAME	Ada May Warner
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 2-1- 1915 O B Sung

Registrar

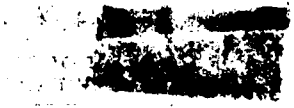
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



367-228-003-693

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

29139

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1205 N. Garfield St.

Hospital ——

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 39

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan. (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel L. Cox	FULL MAIDEN NAME	Ivy Williams
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	American Fork, Utah
OCCUPATION	Air-brake inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Address 407-11 Kane Bldg

Filed 2-1- 1915 O. B. Dyer
Registrar

Given names added from a supplemental report

..... 19.....

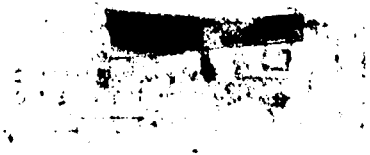
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



366-228-003-316

Form V. S. No. 11-C—25m-1-1-18

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

29140

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 38

FULL NAME OF CHILD Mary Cattoni

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Jan 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam Cattoni	FULL MAIDEN NAME	Isolina Cattoni
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Coal passer at Schutes	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Ida

Filed 2-1-1915 [signature]

Registrar Registrar

8-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Corrections made in [redacted] parents, Aug. 4, 1939, through certified copy recorded in 1911 #193507.

MAY 12 2008

APR 12 1940

619-2281003-319

Amended 5/12/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29141
Local Reg. No.
Reg. Dist. No. 84

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edris b. (Middle): c. (Last): Harrison

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Jan 28, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Bartholomew b. (Middle): c. (Last): Harrison

8. AGE (At time of this birth): 29 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Morinda b. (Middle): c. (Last): Larsen

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Bancroft, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb 1, 1915
22. REGISTRAR'S SIGNATURE: O. B. Steely
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 10 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 27 10 29 AM '76
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29141

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alama Harrison (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1915 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Alama Harrison	Edris Harrison

Subscribed and sworn to before me this 28 day of Oct 19 75

Lue Nora Lowe
Notary Public, residing at Bancroft, Idaho
My commission expires Sept. 18, 1975
(Seal)

Signed Chester H. Harrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1408 Brandstown Basin Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 19 76.

Joann N. Grange
Notary Public, residing at Georgetown
My commission expires 9-22-78
(Seal)

Signed LaReva W Larsen
(Signature of Any Credible Person)

Box 43, Georgetown Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/17/75 nm

Blessing certif from LDS Church gives name as Edris Harrison Beck born on Jan 28, 1915 at Ivins, Idaho. father's nameas Bartholomew Harrison and mother's name as Morinda Mortina Larsen. viewed by V. S.

Own child's birth certificate from Idaho (424898) gives name as Venna Kaye Beck born June 6, ~~19~~ 1946. father's name as Alvin L. Beck and Edris Harrison. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O-25m-1-1-18

PLACE OF BIRTH

County of Bancroft

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29141

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 37

FULL NAME OF CHILD Alma Harrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Jan 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bartholomew Harrison	FULL MAIDEN NAME	Marinda Larsen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft, Ida

Filed 2-1- 1910 J. B. Stacey

Registrar

Registrar

S-Y CO. 24698

MAY 2 6 1976

394.227.003-366 CHILD'S NAME ADDED & MOTHER'S MAIDEN NAME AMENDED 1-23-2009 CMW

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29142

County of Bannock

City of Pocatello

No. 345 S. Arthur St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 36

FULL NAME OF CHILD DOROTHY CRUMP

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan. (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milo Nephi Crump	FULL MAIDEN NAME	ARBERELLA Arla R. Lowe
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Robin, Ida	BIRTHPLACE	Franklin, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 407-11 Kane Bldg

Filed 2 [illegible] 19 15 [illegible] Registrar

Registrar

S-Y CO. 80174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1915-29142
Date Filed 02/01/1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed Crump (Name on Original Certificate) who was born (Was Born, Died, etc.) on 01/27/1915 (Date of Event)
in Pocatello (Bannock Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Dorothy Crump
mother's maiden name	Arla R. Lowe	Arberella Lowe

Subscribed and sworn to before me this 13 day of January, 2009
Notary Public, _____
Residing at 108 E. Plaza St., Eagle, ID 83616
My commission expires 7-24-2010
(Seal)

x Roma Armstrong
Signature of Applicant
5325 North Sunrise View Lane
Star Idaho 83669
Street Address, City, State and Zip

TINA SCOTTON NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____
(Is not necessary ☒) _____

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant
_____
Street Address, City, State and Zip

January 6, 2009 LDS ORDINANCE RECORD DOROTHY CRUMP BAPTIZED 7-5-1924 SEALED TO PARENTS 10-31-1961 MILO NEPHI CRUMP/ARBERELLA LOWE VIEWED BY VS
ROBIN IDA SCHOOL CERTIFICATE OF PROMOTION DOROTHY CRUMP 5-7-1929 VIEWED BY VS
IDAHO BIRTH CERTIFICATE #DE:75-373 ROMA CRUMP BORN 11-12-1916 MOTHER'S MAIDEN NAME: ARBERELLA LOWE VIEWED BY VS

766.226-003-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29143

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 35

FULL NAME OF CHILD Rupert Soluan Gooch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Jan 26, 191 8

FATHER	MOTHER
FULL NAME George M. Gooch	FULL MAIDEN NAME Sarah Soluan
RESIDENCE Chesterfield	RESIDENCE Chesterfield Idaho
COLOR W AGE AT LAST BIRTHDAY 28 (Years)	COLOR W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION —

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 6 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. Smith

(Physician or midwife)

Address Bancroft, Ida

Filed 2-1- 1918 G B Lewis Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 003-395

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29144

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 34

FULL NAME OF CHILD Eli Kelsey Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jan (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eli Kels Ferguson	FULL MAIDEN NAME	Creer
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho

Filed 2-1- 1915 [illegible]

Registrar

Registrar

S-Y CO. 24658

1961

APR 2 1 1943

235-126-003-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 549 W. Center St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29145

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 33

FULL NAME OF CHILD Oscar Baker Steely Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		1	yes	1 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Baker Steely	FULL MAIDEN NAME	Beatrice H. Smith
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Maine
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 4-1- 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1969

217-225-0003-319

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29146

County of Bannock

City of Pocatello

No. 1368 E. Lander St.

Registration District No. 64 File No. 14

Primary Registration District No. 2161 Registered No. 32

Hospital

FULL NAME OF CHILD Anna Mardell Boguley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	January 25 1915

FATHER		MOTHER	
FULL NAME	Roy Boguley	FULL MAIDEN NAME	Elsie Althea Farr
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sandy, Ut	BIRTHPLACE	Soda Springs, Ida
OCCUPATION	Elk Clothing Store	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed 2-1-1915 O.B. Stone Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 [illegible]

231-120-003-244

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29147
14

County of Bannock
6 mi. S.E.
City of Pocatello
Portneuf Siding
No. ____ St.

Registration District No. 84
Primary Registration District No. 2161
File No. ____
Registered No. 31

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Jan. 20 1915

FATHER		MOTHER	
FULL NAME	John Blazer	FULL MAIDEN NAME	Annie Summerer
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	R.R. Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6
Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard M.D.
(Physician or midwife)
Address Pocatello Idaho
Filed 2-1- 1915 O.B. Steele Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.119.003.165

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 334 So. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29148

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 30

FULL NAME OF CHILD Donald C. Wilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		by present husband	Yes	Jan 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Wilson	FULL MAIDEN NAME	Maleta L Jones
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sonoma Co. - Calif	BIRTHPLACE	Logan - Utah
OCCUPATION	Loco Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello Ida

Filed 2/15 1915 O B Steely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1976

MAY 6 1942

165-118-003-595

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29149

County of Bannock

City of Pocatello, Ida.

Registration District No. 84 File No. 14

No. 621 No Harrison St.

Primary Registration District No. 2161 Registered No. 29

Hospital

FULL NAME OF CHILD (Unnamed) Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1-18 1915

FATHER		MOTHER	
FULL NAME	H.R.Jones	FULL MAIDEN NAME	Catherine Vincent
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Richfeild, Utah	BIRTHPLACE	Evanston, Wyo
OCCUPATION	Passenger Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-1- 1915 [signature] Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-116-003-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29150

County of Bannock

City of Pocatello

No. 708 So 2nd Ave.

Hospital home

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 28

FULL NAME OF CHILD Wallace Joseph Stuart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jan (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Henry Stuart	FULL MAIDEN NAME	Ruby Rowley
RESIDENCE	708 So 2nd Ave	RESIDENCE	708 So. 2nd Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Am Fork Utah	BIRTHPLACE	Filmore, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed 2-1- 1915 O B Dewey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1942

258-218-003-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29151

County of Bannock

City of Pocatello

No. 305 Fargo Apts St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 27

FULL NAME OF CHILD Louise Snyder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sylvester Pearl Snyder	FULL MAIDEN NAME	Anita Mary Irene Lewis
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Blackford Co., Indiana	BIRTHPLACE	Albuquerque, N. M.
OCCUPATION	Manager I. C. S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed 2-1- 1915 O. B. Denly

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

659-216-003-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29152

County of Bannock

City of Bancroft

Registration District No. 84 File No. 14

No. ..... St.

Primary Registration District No. 2161 Registered No. P-6

Hospital .....

FULL NAME OF CHILD LaVon Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Jan 16 1915

FATHER		MOTHER	
FULL NAME	John A. Ferguson	FULL MAIDEN NAME	Elsie Hicks
RESIDENCE	Georgetown	RESIDENCE	Georgetown Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft, Ida

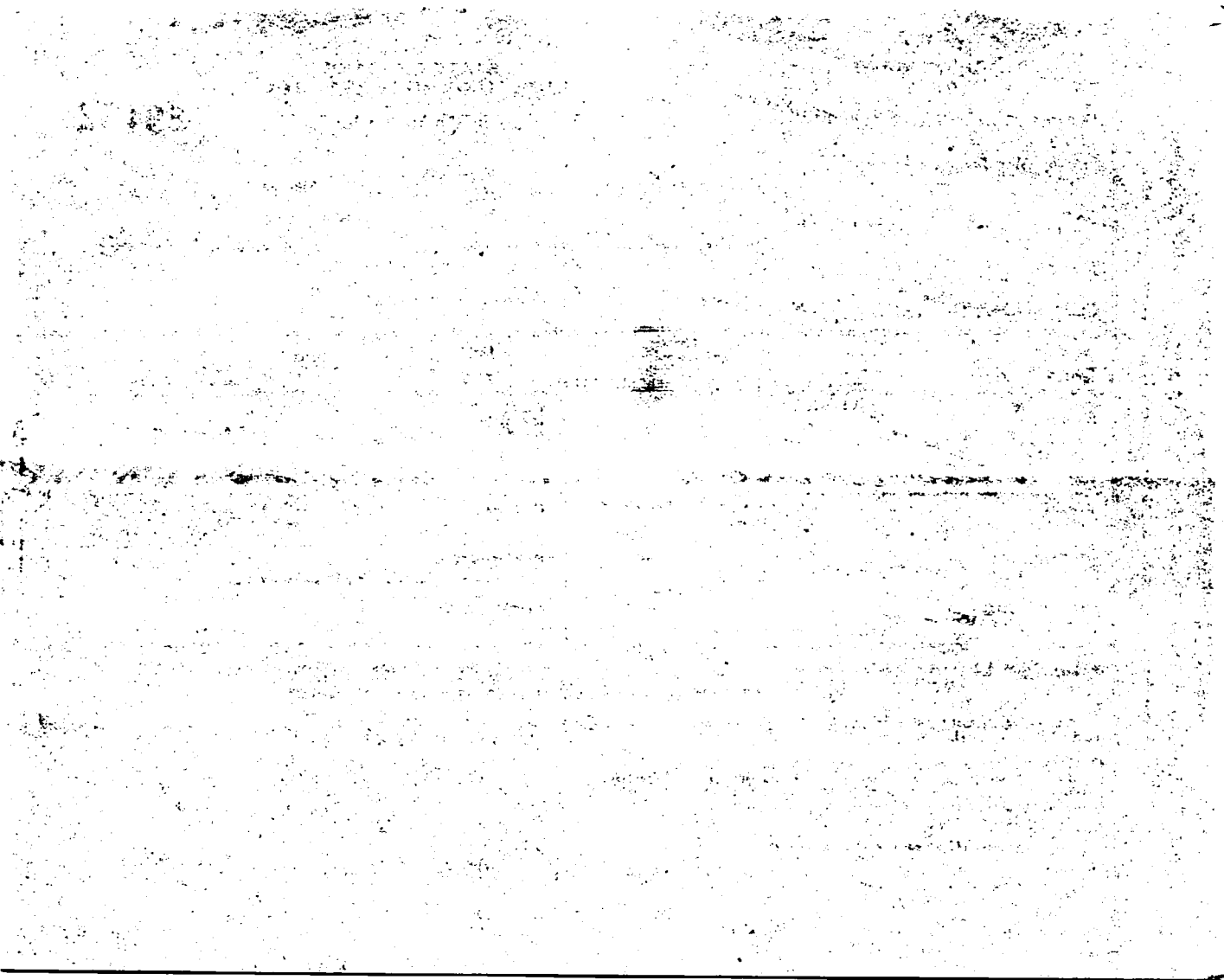
Filed 2-1- 1915 O B Sims
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



152 215 003 - 396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29153

County of Bannock

City of Pocatello

No. 1130 N. Main St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 25

FULL NAME OF CHILD ALICE MARJORIE JESSOP

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Edward A. Jessop	FULL MAIDEN NAME Marjorie Cronk
RESIDENCE Pocatello, Idaho	RESIDENCE Same
[illegible]	[illegible]
BIRTHPLACE [illegible]	BIRTHPLACE [illegible]
OCCUPATION Draper	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

19

Registrar

Filed 2-1- 1915 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child [illegible] RETURN must be made for each and the number [illegible] birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 29153

Date Filed JAN 19 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Female Jessop (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 15, 1915 (DATE OF EVENT) in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
given name	not given	Alice Marjorie Jessop

Subscribed and sworn to before me this 16th day of January, 1942

Notary Public, residing at Ogden Utah

My commission expires Jan 13, 1945
(SEAL)

Signed B. P. Jessop, FATHER
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3652 Grant Ave. Ogden Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 28 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho ss. Certificate No. 2[illegible]

County of Idaho Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for [illegible] (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 15, 1918 (DATE OF EVENT)

in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECTED FACTS)
given name	not given	[illegible]

Subscribed and sworn to before me this day of [illegible] 19[illegible] Signed [illegible] (SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD OR ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER ENTITLED PERSON)

Notary Public, residing at [illegible]

My commission expires [illegible] (SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] ss. (THIS AFFIDAVIT MUST BE MADE BY [illegible])

County of [illegible]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of [illegible], 19[illegible] Signed [illegible] (AT NEIGHBOR OR AN OLDER PERSON OF AN THAN PREVIOUS AFFIANT)

Notary Public, residing at [illegible] (STREET AUDITOR, CITY, STATE)

My commission expires [illegible] (SEAL)

Received for filing on [illegible] By [illegible] (SIGNATURE)

613.113.003-297

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29154

County of Bannock

City of Pocatello

No. 1057 N. 9th St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 24

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jany (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George W. Walter	FULL MAIDEN NAME	Lottie Bigelow
RESIDENCE	1057 North 9th Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole

M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 1-15-1915 O B Steele
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-330884

Dup of 330884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 954-213-003-413 Corrected Copy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11.C—25m-9-8-15

County of Bannock

City of Pocatello

Registration District No. 84

File No. 14

No. 905 South Main St.

Primary Registration District No. 2161

Registered No. 662

Hospital

FULL NAME OF CHILD Adeline Yasu Inukai

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1/13 1915

FATHER	MOTHER
FULL NAME: Saburo Inukai	FULL MAIDEN NAME: Naka Matsushita
RESIDENCE: 580 West Clark	RESIDENCE: 580 West Clark
COLOR: Brown	COLOR: Brown
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Japanese Interpreter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ALIVE (Born alive or stillborn) at 7-55 P. M. on the date above stated.

(Signature) Mrs Anna Bird Mrs Anna Bird

Midwife (Physician or midwife)

Address Pocatello, Idaho.

Filed Jan 20, 1915

Registrar

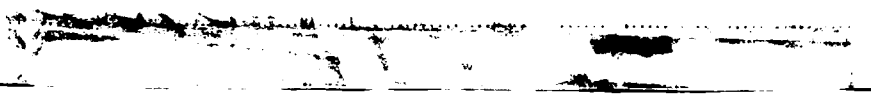
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

S-Y-CO 38071



Form V. S. No. 11-C—25m-1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29155

County of Bannock

City of Pocatello

No. 905 So Main St.

Hospital Yes

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 23

FULL NAME OF CHILD Yasu Madaline Inukai

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Jan. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Saburo Inukai	FULL MAIDEN NAME	Naka Matsushita
RESIDENCE	580 W. Clark	RESIDENCE	580 W. Clark
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Japanese Interpreter	OCCUPATION	Housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Filed 1-15- 1915 O P Seely Registrar

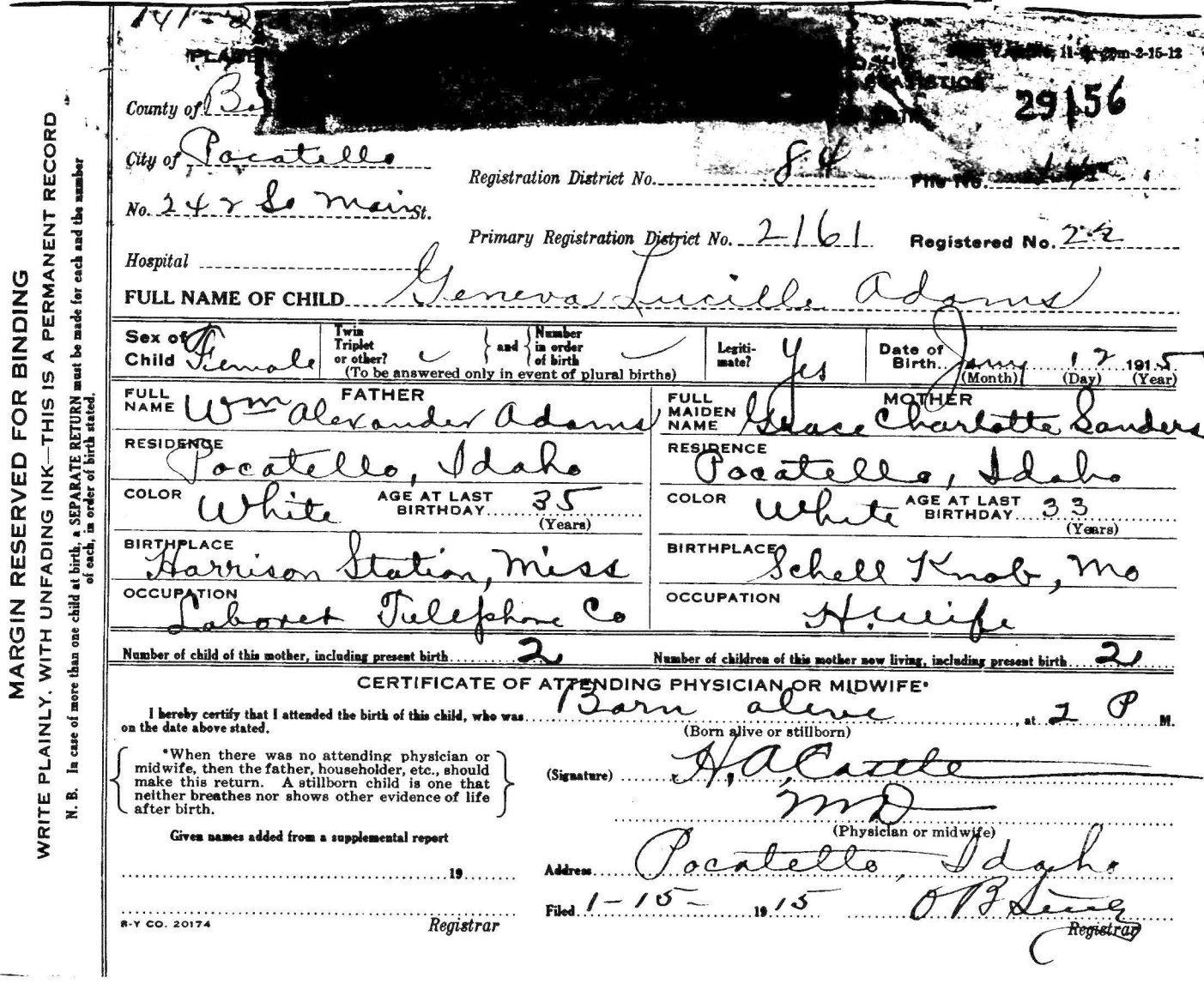
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-2

PLAC[redacted] 11-[illegible]-2-15-12

29156

County of B[redacted]

City of Pocatello

Registration District No. 84 File No. [illegible]

No. 242 So Main St.

Primary Registration District No. 2161 Registered No. 22

Hospital

FULL NAME OF CHILD Geneva Lucille Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jany (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Alexander Adams	FULL MAIDEN NAME	Grace Charlotte Sanders
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Harrison Station, Miss	BIRTHPLACE	Schell Knob, Mo
OCCUPATION	Laborer Telephone Co	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

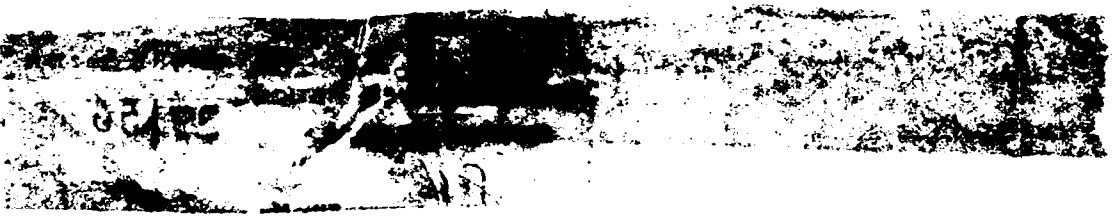
Address Pocatello, Idaho

Filed 1-15- 1915 O B Seely

Registrar

Registrar

R-Y CO. 20174



JUN 1 0 1942

493-212-003-945

Amended 11-1-56

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29157

County of Bannock

City of Pocatello

No. 212 N. Johnson St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 21

FULL NAME OF CHILD MARIE RUE MILLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jany (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Montezuma, J. Miller	FULL MAIDEN NAME	Mary Elizabeth Rue
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Rocky Comfort, Mo	BIRTHPLACE	Clio, Texas
OCCUPATION	Carpenter	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:03 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed 1-15- 1915 O. W. Seeley

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 29157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Missing (Name on Original Certificate) who was born (Was Born or Died) on Jan. 12, 1915 (Date of Event) in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 18, 1949 (Date), are:
Marriage License April 20, 1932 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Marie Rue Miller

Subscribed and sworn to before me this 9th day of October, 19 56

Notary Public, residing at Gooding, Idaho
My commission expires 10/26/58
(Seal)

Signed Albert Rue
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 56

Notary Public, residing at Gooding, Idaho
My commission expires 10/26/58
(Seal)

Signed May Rue.
(Signature of Any Credible Person)
Route 1, Gooding Idaho.
(Street Address, City, State)

FORM DPH 55.155

JUL 19 1965

395-009-003-206

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL [redacted]

V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF [redacted]

29159

County of Bannock

City of Lund

Registration District No. 84 File No. 14

No. ..... St.

Primary Registration District No. 2161 Registered No. 20

Hospital

FULL NAME OF CHILD Afton Creer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jan (Month) 9 (Day) 1915 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
M	Creer	Mary A. Bowen	
RESIDENCE	Lund, Ida	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30/10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Bancroft, Ida

Filed 1-15- 1915 [signature]

Registrar

Registrar

8-7 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5-28-59

PLACE OF BIRTH

567-109 e003-445

County of Bannock

City of Pocatello

No. 554 S. Hayes St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 29160

Primary Registration District No. 2161 Registered No. 19

FULL NAME OF CHILD Harold Orville Hopkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 9, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Orville A. Hopkins	FULL MAIDEN NAME	Ida B. Munn
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Pocatello, Ida.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) W.F. Howard, M.D.

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed 1-15-1915 O.B. Steely Registrar.

App. for Social Security, #519-09-8796, Dec. 1, 1936 gives name as Harold Orville Hopkins and Mother's Name as Ida Munn - viewed by V.S. Own Child's Birth Cert. on file #283297, Aug. 5, 1939 gives Name as Harold Orville Hopkins - viewed by V.S. and Statement from Mrs. Sumi Kanomata, sec. to Superintendent, stated that from Pocatello School Records of 1922 show the child's Name as Harold Hopkins, son of Mrs. Ida Hopkins - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock

Certificate No. 29160
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hopkins (Name on Original Certificate) who born (Was Born or Died) on Jan. 9, 1915 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harold Orville Hopkins
Full Name of Mother (Maiden)	Ivy B. Munn	Ida B. Munn

G. Blackhurst

Subscribed and sworn to before me this 22nd day of May, 1959.

Notary Public, residing at Pocatello, Idaho
My commission expires Sept. 14, 1960
(Seal)

Signed Pearl Graves
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

535 South Hayes, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of May, 1959

G. Blackhurst

Notary Public, residing at Pocatello, Idaho
My commission expires Sept. 14, 1960
(Seal)

Signed Pearl Graves
(Signature of Any Credible Person)

535 South Hayes, Pocatello, Idaho
(Street Address, City, State)

FORM DPH 55. 155

CL 12-2-58. one copy pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 554 S. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29160

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 19

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jan. (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville A. Hopkins	FULL MAIDEN NAME	Ivy B. Munn
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Pocatello, Ida.
OCCUPATION	Electrician	OCCUPATION	Hwy.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

19

Filed 1-15- 1915 [signature]
Registrar

Registrar

S-Y CO. 20174

MAY 28 1959

242-108'003-393

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 150 W Halliday St.

Hospital at Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29161

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 18

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest B Kiest	FULL MAIDEN NAME	Mary L. Tillson
RESIDENCE	Pocatello Idaho	RESIDENCE	150 W. Halliday Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Greely Colorado	BIRTHPLACE	Salina Utah.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A.M. Newton

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed 1-15- 1915 O P B Seeley Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691.205.003-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29163

County of Bannock

City of Pocatello

No. 315 So. Garfield

Registration District No. 84 File No. 14

Primary Registration District No. 2166 Registered No. 16

Hospital

FULL NAME OF CHILD Margret Ellen Franklin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan (Month) 5 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Dow Franklin	FULL MAIDEN NAME Edna Bell
RESIDENCE 315 So. Garfield	RESIDENCE 315 So. Garfield
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Pocatello, Idaho	BIRTHPLACE Pocatello Idaho
OCCUPATION Asst Cashier Bank	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed Jun 7 1915 O B Seitz

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1956

395.204.003-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29164

County of Bannock

City of Pocatello

No. 605 N. Hayes St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. ~~14~~ 15

FULL NAME OF CHILD Leona Elizabeth Cready

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. B. Cready	FULL MAIDEN NAME	Lara Bursus
RESIDENCE	605 N. Hayes	RESIDENCE	605 N. Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. S. Woolley

(Physician or midwife)

Given names added from a supplemental report

19

Address Box 78

Registrar

Jan 19 1915

O. P. Heath
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

374-104-007-459

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 658 N. 6th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 29165 14

Primary Registration District No. 2161 Registered No. 14

FULL NAME OF CHILD Tony Campanella

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	January 4 1915

FATHER		MOTHER	
FULL NAME	Carmino Campanella	FULL MAIDEN NAME	Amelia De Julus
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Machinist	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-35 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Cattle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Filed 1-15- 1915 O. B. Lewis Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 1945

SEP 3 0 1944

NAME
CHANGE

DuPont 1915-127252

867.104.003-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29166

County of Bannock

City of Pocatello

No. 1330 No. Garfield St.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 13

Hospital

FULL NAME OF CHILD ~~Baby~~ Hogan Robert Merle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	yes	1 4 1915

FATHER

FULL NAME Hugh Oscar Hogan

RESIDENCE Pocatello Idaho

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Socorro, Socorro New Mexico

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Fay Moore

RESIDENCE Pocatello Idaho

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wellington Kans

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12.15 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) [illegible]

(Physician or midwife)

Address Pocatello Idaho

Filed 1-15-1915 O B Lucas Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1955

1/15/41/ EA

229-103-003-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29167

County of Bannock

City of Pocatello

No. 657 South Hayes St.

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 12

FULL NAME OF CHILD FRANK LEWIS SKILES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jany (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Skiles	FULL MAIDEN NAME	Pearl Lewis
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed 1-15- 1915 O B Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 29167

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Unnamed (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan 3 1942 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Frank Lewis Skiles

Subscribed and sworn to before me this 20th
day of February 1942

Marian E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed Frank Skiles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 27 1942
MAR 4 1942
OCT 1945

281-101-003-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29168

County of Bannock

City of Pocatello

No. West Terrace St.

Registration District No. 84

File No. 14

Primary Registration District No. 2161

Registered No. 11

Hospital

FULL NAME OF CHILD Edwin Filmore Shores Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jany (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Filmore Shores	FULL MAIDEN NAME	Hettie Eliza Sidwell
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Hillsboro, Ill	BIRTHPLACE	Fairview, Utah
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed 1-2- 1915 O B Seely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1960

285-207 03-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29175

County of Bannock

City of Pocatello

No. 713 No Johnson

Hospital

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 4

FULL NAME OF CHILD GLENNA MAY Shewmake

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		X	Yes	Jan. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wiley T. Shewmake	FULL MAIDEN NAME	Eva B. Johnson
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Newton Co. - Mo	BIRTHPLACE	Newton Co. Utah
OCCUPATION		OCCUPATION	House wife —

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello - Ida

Filed 1/1 1915 O.B. Steely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 29175

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Glenna Mary Shewmake (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 7, 1915 (DATE OF EVENT) in Pocatello Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Shortly after Birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Glenna May Shewmake
Date	Dec. 7, 1915	Jan. 7, 1915

Subscribed and sworn to before me this 13th day of Jan, 1943

William H. Trostler
Notary Public, residing at Los Angeles
My commission expires Aug 15-1943
(SEAL)

Signed X Alpha Elena Kuehl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4112 So San Pedro St.
(STREET ADDRESS, CITY, STATE) Los Angeles

WILLIAM H. TROSTLER
NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires August 15, 1943

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Jan, 1943

William H. Trostler
Notary Public, residing at Los Angeles
My commission expires Aug 15th 1943
(SEAL)

Signed X Eva Belle Shewmake
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
4112 So San Pedro St
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 2 1943

FEB 11 1943

391-128-003-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. North Pocatello

Hospital _____

Registration District No. 84 **File No.** 29179

Primary Registration District No. 2161 **Registered No.** 72

FULL NAME OF CHILD _____

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Feby 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Elias Craw	FULL MAIDEN NAME	Flora Audra Clark
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	North Nassau N.Y.	BIRTHPLACE	Hope, Nebr
OCCUPATION	Carpenter	OCCUPATION	H. Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle MD
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Pocatello, Idaho

Filed 3-15 1915 O B Huey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245.128.003-412

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29180

County of Bannock

City of Pocatello

No. 233 So. 2nd Ave.

Hospital home

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 71

FULL NAME OF CHILD Hideo Sunada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Taroichi Sunada	FULL MAIDEN NAME	Kikuyo Masada
RESIDENCE	233 So. 2nd Ave.	RESIDENCE	233 So. 2nd Ave.
COLOR	brown	COLOR	brown
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	O.S.L. Track foreman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 905 S. Main Street Pocatello Ida

Filed 3/6/ 1915 F. B. Stealy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 173522

285-227-603-269

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—20m-2-15-12

BURE[redacted]STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 546 No Lincoln St.

Registration District No. 84 File No. 29181 15

Primary Registration District No. 2161 Registered No. 70

Hospital

FULL NAME OF CHILD ~~Seelos~~ NEITA CAROLINE SEELOS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	4	Yes	Feb 27 1915

FATHER

FULL NAME George Seelos

RESIDENCE Pocatello Ida

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE St. Louis Mo.

OCCUPATION Fireman

MOTHER

FULL MAIDEN NAME Sylvia C. Sorensen

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Neeley - Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seeley

(Physician or midwife)

Address Pocatello - Ida

Given names added from a supplemental report

.....19.....

.....

Registrar

Filed 3-10- 1915 O. B. Stacey

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 29181

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Neita Caroline Seelos

Subscribed and sworn to before me this 7th day of January, 1943

J. A. McFarland
Notary Public, residing at Pocatello Idaho
My commission expires June 20, 1944
(SEAL)

Signed George Seelos
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1035 No. Lincoln Ave. Pocatello, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1943 By .....
(REGISTRAR'S SIGNATURE)

JAN 2 8 1943

962-226-003-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 905 S. Main St.

Hospital

ST[redacted]O
BUREAU[redacted]TATISTICS
[redacted]BIRTH

29182

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 69

FULL NAME OF CHILD Belva Eleanor Rose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	February 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph C. Rose	FULL MAIDEN NAME	Julia C. Koeck
RESIDENCE	1023 N. Garfield Ave	RESIDENCE	1023 N. Garfield Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Quaker City, Ohio	BIRTHPLACE	Miller, S. Dakota
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address 905 S. Main St. Pocatello Idaho

Filed Mch 6, 1915 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

955-225-003-336

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **29183**

County of Bannock

City of Pocatello

No. 319 S. Johnson St.

Hospital —

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 68

FULL NAME OF CHILD Catherine Elizabeth Reese

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Feb. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert G. Reese	FULL MAIDEN NAME	Margaret Lloyd
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	New Cambria, Mo.	BIRTHPLACE	New Cambria, Mo.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:20 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D., F.A.C.S.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 3-1- 1915 O B Sing

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

195.123.003.345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 329 So. 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29184

Registration District No. F4 File No. 15

Primary Registration District No. 2161 Registered No. 67

FULL NAME OF CHILD — Goddard Paul Arnold

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	9	Yes	Feb 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Goddard	FULL MAIDEN NAME	Lucinda M Lund
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Plain City - Utah	BIRTHPLACE	Plain City - Utah
OCCUPATION	R. R. Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello - Ida

Filed 3/1 1915 O B Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1945

219-223-003-467

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **29185**

County of Bannock

City of Pocatello

No. 544 So. Arthur

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 66

Hospital

FULL NAME OF CHILD — Barber

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	2	Yes	Feb (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Barber	FULL MAIDEN NAME	Emma Doggett
RESIDENCE	Pocatello - Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nashville - Tenn	BIRTHPLACE	Independence - Kan
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Ida

Filed 3/1 1915 O B Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-223-003-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29186

County of Bannock

City of Pocatello

No. 1124 N. Hayes St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 65

FULL NAME OF CHILD VIRGINIA MUSETTA ALLEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feby 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dell Allen	FULL MAIDEN NAME	Musetta Gribble
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cement Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 3-1- 1915 O. B. Seely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 29186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Name~~	Unnamed	Virginia Musetta Allen

Subscribed and sworn to before me this 14th day of August, 1943

Notary Public, residing at Los Angeles, State of California

My commission expires ~~My Commission Expires July 25, 1945~~ (Seal)

Signed Lydia Musetta Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

3947 Flower Huntington Park Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____ (Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

AUG 24 1943

799-122-003-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29187

County of Bannock

City of Pocatello

No. 227 N Grant St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 64

FULL NAME OF CHILD Rodney Paul Priest

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Feby 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Lafayette Priest	FULL MAIDEN NAME	Jennie Backland
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Uintah, Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Drayman	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-1- 1915 O B Steele
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1951

419-22-003-253

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29188

County of Bannock

City of Pocatello

Registration District No. 84

File No. 15

No. 503 N. 4th St.

Primary Registration District No. 2161

Registered No. 63

Hospital

FULL NAME OF CHILD Francis Helen Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 22 1915

FATHER	MOTHER
FULL NAME: John J. Martin	FULL MAIDEN NAME: Hilma Belnap
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: St Marie, Ills.	BIRTHPLACE: Hooper, Utah
OCCUPATION: Timber	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 3-1-1915

[signature]
Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-121-003-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 535 N. 6th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29189

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 62

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feby 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Natali Gimmini	FULL MAIDEN NAME	Amelia Gimmini
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Sec. Foreman	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed 3-1- 1915 J. B. Seeley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915 –

Dup of 144451

394-221-003-236

PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29190

County of Bannock

City of Pocatello

No. 548 N. 4th St.

Hospital

Registration District No. 84

File No. 15

Primary Registration District No. 2161

Registered No. 61

FULL NAME OF CHILD — — Limperopulos

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Feb. 21 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Limperopulos	FULL MAIDEN NAME	Urania Slavropoulos
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Granishsa, Italy	BIRTHPLACE	Astrov Roumania
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:35 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

Date 3-1- 1915

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DLP 861915-209171

819-118-003-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29191

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 60

FULL NAME OF CHILD Albert Orland Harrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Feb 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Harrison	FULL MAIDEN NAME	Mary D. Christensen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bancroft

Filed 3-1- 1915 O B Sims

Registrar Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 8, 1940 2 copies. L.B.

628-118-003-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29192

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 59

FULL NAME OF CHILD Samuel Gray Oshel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Feb (Month) 18th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ovel Ray Oshel	FULL MAIDEN NAME	Edith Lockwood
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Creston, Iowa	BIRTHPLACE	Evanston, Wyo.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright, Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed 2-20- 1915 [signature] Registrar

..... Registrar

D. 20174

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 20 1942

212-218-007-453.

Form V. S. 14-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29193

County of Bannock

City of Pocatello

No. 426 So 4th St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 58

FULL NAME OF CHILD Maxine Bassett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 18 1915

FATHER		MOTHER	
FULL NAME	Earl R. Bassett	FULL MAIDEN NAME	Edna DeCreane
RESIDENCE	426 So 4th	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	New York	BIRTHPLACE	Idaho
OCCUPATION	Machinists helper	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.15 A. M. on the date above stated.

(Signature) Francis A. Poole

(Physician or midwife)

Address Pocatello Idaho

Filed 2-20- 1915 O B Lewis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AGE AT LAST
BIRTHDAY
(Years)

7-~~23~~-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 10 1971 Bureau of Vital Statistics

State of ..... Certificate No. 29193

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bassett (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1915 (Date of Event)

in Pocatello, Idabo (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Maxine Bassett

Subscribed and sworn to before me this 10th day of August, 1971

Hazel G. Bertagnolo

Notary Public, residing at Salt Lake City

My commission expires Jan 17 1976

(Seal)

Signed 2361 So. Redwood SLC

(Signature of parent or attendant if correcting a birth record; ~~of attendant, funeral director, informant~~ if correcting a death record; or other credible person.)

Ida McCrahn Bassett Brady

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 1971

Hazel G. Bertagnolo

Notary Public, residing at Salt Lake City

My commission expires January 17 1975

(Seal)

Signed La Rae Bassett Winters

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of birth from LDS Church gives name as Maxine Laska Bassett Brady born Feb. 18, 1915. Daughter of Earl R. Bassett and Edna DeCraene. Entered on Record Auguat 1, 1931. Viewed by V. S. SEP 13 1971

Life Insurance Policy from Metropolitan Life Insurance Company gives name as Maxine Bassett. age next birthday: 11 years. Dated June 29, 1925. Viewed by V. S.

954-218-003-292

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29194

County of Bannock

City of Pocatello

No. 1430 N. Harris St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 57

Hospital

FULL NAME OF CHILD Montana Rose Redwood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feby 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry E. Redwood	FULL MAIDEN NAME	Rose Kibbey
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Devonshire, Eng.	BIRTHPLACE	Devonshire, Eng.
OCCUPATION	Boiler Mkr Helper	OCCUPATION	[illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed 2-20- 1915 O B [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-218-003-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 422 No Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29195

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 56

FULL NAME OF CHILD — Haley, Charline Marice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Austin Haley	FULL MAIDEN NAME	Daisy Lee Morgan
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Louisiana - Mo	BIRTHPLACE	F Oklahoma
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 3/1 1915 O B Steely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-216-003-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29196

County of Bannock

City of Pocatello

No. 147 No. Garfield St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 55

Hospital

FULL NAME OF CHILD Elinor Elizabeth Sullivan

Sex of Child F	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth 2 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ancyl Sullivan	FULL MAIDEN NAME	Elinor Mary White
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Coffeyville Kans.	BIRTHPLACE	Kansas
OCCUPATION	Messenger.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Roberts

(Physician ~~or Midwife~~)

Given names added from a supplemental report

Address Pocatello Idaho

, 19

Filed 2-20 1915 O B Smith Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

392-216-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29197

County of Bannock

City of Pocatello

No. 1057 N. Grant St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 54

FULL NAME OF CHILD Matilda List

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feby (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John List	FULL MAIDEN NAME	Carrie Kircaic
RESIDENCE	1057 N. Grant	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Austria
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M.D. (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-20 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-215-003-414

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29198

County of Bannock

City of Pocatello

No. 131 N 3rd St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 53

Hospital

FULL NAME OF CHILD Elizabeth Anna Barta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feby 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Robert Barta	FULL MAIDEN NAME	Anna Madria
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mahren-Austria	BIRTHPLACE	Weischel-Austria
OCCUPATION	Machinist	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

K 19

Address Pocatello, Idaho

Filed 2-20- 1915 O. B. Sing Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-114-003-699

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29199

County of Bannock

City of Pocatello

No. 735 W. Bonneville St.

Hospital ——

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 52

FULL NAME OF CHILD Charles Hugh Hunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feb. 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jackson M. Hunt	FULL MAIDEN NAME	Dora May Friend
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Muskogee, Okla.	BIRTHPLACE	Ozark Co., Missouri
OCCUPATION	Motion Picture Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive of ~~stillborn~~) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-20- 1915 O B Seale
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-114-003-753

PLACE OF BIRTH

STATE O[redacted] ...rm V. S. No. 11-C—20m-2-15-12

BUREAU OF VIT[redacted]S

CERTIFICATE [redacted]

29200

County of Bannock

City of 5 mi. N. Pocatello Registration District No. 84 File No. 15

No. 5 mi. No. Pocatello St. Primary Registration District No. 2161 Registered No. 51

Hospital ——

FULL NAME OF CHILD Raymond Henrickson Henrickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Feb. (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Markus Henricksen	FULL MAIDEN NAME	Betrae Peterson
RESIDENCE	5 mi No. Pocatello	RESIDENCE	5 mi. North Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Norway	BIRTHPLACE	Bear River City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 2-20- 1915 [signature] Registrar

Registrar

Mother died post partum haemorrhage

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1952

JAN 23 1952

16 2/3 003-819

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1710 N. Grant St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29201

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 50

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feby (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John William Jones	FULL MAIDEN NAME	Florence Hardy
RESIDENCE	Sterling, Idaho	RESIDENCE	Sterling, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole
M D.
(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

Filed 2-20 1915 [illegible] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-[illegible]-003-235

Form V.S. No. 11-0—20m-2-15-12

PLACE OF BIRTH

STATE [illegible]
BUREAU OF [illegible]TICS

CERTIFI[illegible]

29202

County of Bannock

City of Pocatello

No. 1047 No. Shoshone St.

Registration District No. 84 [illegible]le No. 14

Primary Registration District No. 21[illegible] Registered No. 49

Hospital

FULL NAME OF CHILD Frank Edward [illegible]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	[illegible] of [illegible]th 2 (Month) 13 (Day) 1915 (Year)
M		[illegible]	

FATHER		FATHER	
FULL NAME	Carlos Smith	FULL MAIDEN NAME	Mary Stevenson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Coldwater Mich.	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Roberts

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

19

Filed 2-20 1915 O B Sealy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1962

693212-003-349

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29203

County of Bannock

City of Pocatello

No. Rear 513 No. Harrison Ave.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 48

Hospital

FULL NAME OF CHILD Myrtle Lucille Willingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	2 12 1915

FATHER		MOTHER	
FULL NAME	Daniel E Willingham	FULL MAIDEN NAME	Hazel Currier
RESIDENCE	Colorado.	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Unknown	BIRTHPLACE	Colorado.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Allen M.D.

Pocatello Idaho (Physician or Midwife)

Address 233 No. Main St.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-15- 1915

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 27 1954

959,2071003-358

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29204

County of Bannock

City of Pocatello

No. 333 N. 3rd St.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 47

Hospital

FULL NAME OF CHILD Nellie Lehman Ivie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feby 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence R. Ivie	FULL MAIDEN NAME	Sophia Lehman
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Scipio, Utah	BIRTHPLACE	Barton, Idaho
OCCUPATION	Carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-15- 1915 O. B. Sing Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-2061003-814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1016 N Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29205

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 46

FULL NAME OF CHILD Frances Josephine Cawley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feby 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. W. Cawley	FULL MAIDEN NAME	Caroline Eliz. Hauser
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Topeka, Kans	BIRTHPLACE	~~Edna~~ Blakeslee, Ohio
OCCUPATION	Loco. Engineer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-15- 19 15 O B Lucky Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613.206.003-443

Form V.S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **29206**

County of Bannock

City of Pocatello

No. 833 E. Halliday St.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 45

Hospital

FULL NAME OF CHILD EILEEN RUTH Baby Wallace.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	3 6 1915

FATHER

FULL NAME Jay Ernest Wallace

RESIDENCE Pocatello Idaho

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Michigan

OCCUPATION Undertaker

MOTHER

FULL MAIDEN NAME Clara May Dutton

RESIDENCE Pocatello Idaho

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2-15— 19 15 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 29206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Eileen Ruth Wallace (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 6, 1915 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Eileen Ruth Wallace

Subscribed and sworn to before me this 4th
day of December, 1942.
H C McDowell
Notary Public, residing at Portland, Ore.
My commission expires 9/11/44
(SEAL)

Signed Jay Ernest Wallace Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4200 NE. Flanders St, Portland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of December, 1942.
H C McDowell
Notary Public, residing at Portland, Oregon
My commission expires 9/11/44
(SEAL)

Signed Pearl Elizabeth Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
4723 N.E. 14th Ave.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-206 [redacted]

PLACE [redacted]

County of Bannock

City of Pocatello

No. 555 So. Grant St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29207

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 44

FULL NAME OF CHILD Georgetta Margaret Snodgrass

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 6th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Edward Snodgrass	FULL MAIDEN NAME	Lillie Gorrell
RESIDENCE	555 So. Grant	RESIDENCE	555 So. Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Phelps County, Mo.	BIRTHPLACE	Howard County, Mo.
OCCUPATION	Blacksmith	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 905 So. Main St.

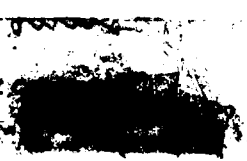
Filed 2-15- 1915 [signature] Registrar

S-Y CO. 20174

Certified Copy issued Dec. 3, 1940. E.H.

JUL 2 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
55505



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29208

County of Bannock

City of Pocatello

Registration District No. 84 File No. 14

No. 231 N. 4th Ave. St.

Primary Registration District No. 2161 Registered No. 43

Hospital home

FULL NAME OF CHILD Sofia Clotilde Giordano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Giacomo Giordano	FULL MAIDEN NAME	Leonorda Puleo
RESIDENCE	231 N. 4th Ave.	RESIDENCE	231 N. 4th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Drill pressman	OCCUPATION	House keeping

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 705 So. Main St.

Filed 2-15- 1915 [illegible] Registrar

R-Y CO. 20174

c.c. 5/7/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-10 [redacted] 38

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29209

County of Blaine

City of Soldier

Registration District No. 58 File No.

No. St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Donald E Carman Elroy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 5 1915

FATHER

FULL NAME Merl G. Carman

RESIDENCE Soldier Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Illinois

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Edna M. Sahrers

RESIDENCE Soldier Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE State Washington

OCCUPATION Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D P Driggs

(Physician or midwife)

Address Soldier Idaho

Filed Feb 19 15 D P Driggs Registrar

S-Y CO. 24988

[redacted]

[redacted]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25[redacted] 4-19

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 29210

Primary Registration District No. 2184 Registered No. 12

FULL NAME OF CHILD Dora Marie Snider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Snider	FULL MAIDEN NAME	Ada Murphy
RESIDENCE	Tahoe Ridge	RESIDENCE	Tahoe Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed March 30 1915 J. M. Verbeekmoes
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-208 025 296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29211

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 13

FULL NAME OF CHILD ~~Irma~~ URMA ~~Susan~~ SUE ~~Kelley~~ KELLY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Kelley KELLY	FULL MAIDEN NAME	Mary Brockman
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Liveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed March 30 1915 J. M. Verberkmoes Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles. }

Certificate No. 29 211

Date Filed March 30, 1915

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Irma Susan Kelley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 9, 1915 (DATE OF EVENT)
in Stites (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name of child	Irma Susan Kelley	Urma Sue Kelly
surname of Father	Kelley	Kelly

Subscribed and sworn to before me this 10
day of June, 19 42.
Chas Haas
Notary Public, residing at San Gabriel Cal.
My commission expires Nov. 19, 1945
(SEAL)

Signed Mary Kelley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 16 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 1 8 1942

315 217 025 318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ____ St.

Hospital ____

Registration District No. 106 File No. 29212

Primary Registration District No. 2184 Registered No. 14

FULL NAME OF CHILD Twila Lansing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 13 1915

FATHER		MOTHER	
FULL NAME	Harry Lansing	FULL MAIDEN NAME	Ella Taylor
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Kansas
		OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 10 a M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

..... 19.....

Filed March 20 1915 J. M. Verbeck M.D.
Registrar

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1975

415-124-025-749

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29213

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 15

FULL NAME OF CHILD Russell Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 24 1915

FATHER		MOTHER	
FULL NAME	Alonzo Davis	FULL MAIDEN NAME	Stella Pugh
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Painter	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Washington
		OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 31 1915 J. M. Verbeck M.D.
Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. E. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

619-226 1025-449

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ..... *St.*

Hospital .....

Registration District No. 106 **File No.** 29215

Primary Registration District No. 2184 **Registered No.** 17

FULL NAME OF CHILD Alice Adella Farris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen Farris	FULL MAIDEN NAME	Florence Grace Murphy
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia — Idaho

Filed March 30 1915 J. M. Verbeekmoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1963

JUN 10 1963

235·113 [redacted] '751

PLACE O[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29216

County of Gooding

City of Wendelee

Registration District No. 22

File No.

No. , St.

Primary Registration District No. 2018

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Jan (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H A Stevens	FULL MAIDEN NAME	Rachel Pearson
RESIDENCE	Gooding County	RESIDENCE	Gooding County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmeishall MA

Jerome (Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address

Filed April 1 1915 H E Lamb Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419.204.024.249

PLACE OF BIRTH

County of Jerome

City of Wendell

No. _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 22 File No. 29217

Primary Registration District No. 2018 Registered No. _____

FULL NAME OF CHILD Jean Alice Marthis

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Feb (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert E H Marthis	FULL MAIDEN NAME	Margaret M Smith
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	New Jersey	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmeisshall MD

M.D. (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed April 1 1916 H E Lamb

Registrar

S-Y CO., 16670

MAR 5 1953

218-2041024263

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29219

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 22 Registered No. .....

FULL NAME OF CHILD Luella May Kays

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	yes	1 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas Kays	FULL MAIDEN NAME	Queenie Solladay
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Wendell

Filed Jan 4 1915 H E Lamb Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 29219

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for May Kays (Name on Original Certificate) who was born (Was Born or Died) on January 4th 1915 (Date of Event)
in Wendell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	May Kays	Luella May Kays

Subscribed and sworn to before me this 11th
day of February, 19 44.

Signed Mrs. Queenie L. Kays
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Notary Public, residing at Jerome, Idaho

My commission expires July 19-1944
(Seal)

Jerome, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

FEB 19 1944

296-118-
033-819

PLACE OF BIR[redacted]

County of Madis[redacted]

City of Cache

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29224

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Eldred LaMont Brower

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Brower	FULL MAIDEN NAME	Bertha Hardy
RESIDENCE	Cache, Idaho	RESIDENCE	Cache, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Lewiston, Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar. C. Merrington
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 11 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 9 40 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 29224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Brower (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1915 (Date of Event)
in Cache, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family and Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eldred LaMont Brower
		Nellie Brower Staker

Subscribed and sworn to before me this 11th day of June, 19 75

Notary Public, residing at Idaho Falls Idaho
My commission expires 9-20-75
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

740 E 13th (Street Address, City, State) Idaho Falls Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 19 75

Notary Public, residing at Idaho Falls Idaho
My commission expires 9-20-75
(Seal)

Signed Nellie Brower Staker
(Signature of Any Credible Person)

740 E 13th (Street Address, City, State) Idaho Falls Idaho

FORM DH 60-155 CL 4/11/75

Family Group Record for Joseph Elmer Brower ans Bertha Adeline Hardy gives child's name as Eldred Lamont Brower born Mar. 18, 1915. at Cache, Idaho. viewed by V. S.

AUG 4 1975

Baptismal record gives name as Eldred LaMont Browr born Mar 18, 1915 Baptized Mar. 31, 1923 viewed by V. S.

368-208 08-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-28

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29225

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD LENFRED LOYSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	yes	3 8 1915

FATHER		MOTHER	
FULL NAME	Abraham Loysen	FULL MAIDEN NAME	Lillian Fawcett
RESIDENCE	Driggs - Idaho.	RESIDENCE	Driggs - Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	New York.	BIRTHPLACE	England
OCCUPATION	Actor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Jacoby M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mrs. C. Cherrington Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1968

FEB 20 1968

2-14-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 20 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 29225

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Loysen (Name on Original Certificate) who was born (Was Born or Died) on Mar 8, 1915 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Lenfred Loysen

Subscribed and sworn to before me this 19 day of February, 1968

Melba L. Harker

Notary Public, residing at Idaho Falls, Idaho

My commission expires 7-20-70

(Seal)

X Signed Melba L Harker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

431 Parkane Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho gives name of mother as Lenfred Loysen. Child born Aug 31, 1934, certificate # 224295.
Viewed by V. S.

Records of the Church of Jesus Christ of Latter-Day Saints show that Lenfred Loysen was born at Driggs, Teton County, Idaho on March 8, 1915. R. M. Brown, Bishop
Viewed by V. S.

314-227-041-869

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29226

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	2 (Month) 27 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Erwin Elmore Launchbaugh	FULL MAIDEN NAME: Alouise Emma Horton
RESIDENCE: Driggs, Ida.	RESIDENCE: Driggs Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: State of Kansas	BIRTHPLACE: Lucerne, Kansas.
OCCUPATION: Lumberman	OCCUPATION: House-wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feb 19 [illegible] Herrington Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

857.109:041-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29227

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	4	yes	2 9 1915

FATHER		MOTHER	
FULL NAME	Victor Chas Hegstad	FULL MAIDEN NAME	Hannah Grover
RESIDENCE	Driggs - Idaho	RESIDENCE	Driggs - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	N. Y.	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacobs

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 19.....

C. C. Merrington

Registrar

Registrar

S-T CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 12-9-59

PLACE OF BIRTH

249-20810 41-463

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 29228

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Sarah Crystal Burnside

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 8, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Alexander Burnside	FULL MAIDEN NAME: Sarah Ann Mottishaw
RESIDENCE: Driggs, Idaho	RESIDENCE: Driggs, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: Cream Buyer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.K. Jacoby

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Mar. 1915 C. Cherrington

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from L.D.S. Church Records at Wenatchee, Washington, states that according to their records Sarah Crystal Burnside was blessed May 28, 1915 - viewedby V.S. and Page from Family Doctor Book appears old and unaltered - gives child's name as Sarah Crystal Burnside, born March 8, 1915 - viewed by V.S

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29228

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Burnside (Name on Original Certificate) who born (Was Born or Died) on 3 - 8 - 1915 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sarah Crystal Burnside

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Chelan }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of September, 1959

Notary Public, residing at Wenatchee
My commission expires 8-11-60
(Seal)

Signed Harold L. Patterson (Signature of Any Credible Person)

1129 Linwood Ave Wenatchee Wash. (Street Address, City, State)

FORM DPH 55.155 CL 1-22-59. nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29228

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			9	yes	3 (Month) 8 (Day) 1951 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Burnside	FULL MAIDEN NAME	Sarah Ann Mortishaw
RESIDENCE	Driggs - Idaho.	RESIDENCE	Driggs - Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	England
OCCUPATION	Cream buyer -	OCCUPATION	House wife

Number of child of this mother, including present birth 9 ..... Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 6 1951 C. C. Herrington

Registrar

Registrar

S-Y CO. 24659

DEC 9 1958

113.125 041-251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Alta Wyo.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 29229

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			1	yes	3 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rhodum Stanley Jackson	FULL MAIDEN NAME	Josie Leona Beard
RESIDENCE	Alta - Idaho Wyo	RESIDENCE	Alta - ~~Idaho~~ Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Castledale Utah	BIRTHPLACE	Coalville - Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30/A on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed April 19 15 C. Merrington Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z BIRTH PLACE

586.109.033-897

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Tetonia

Registration District No. _____ **File No.** 29230

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD Clyde Thompson

Sex of Child male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** April (Month) 9 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Wilford W. Thompson	**FULL MAIDEN NAME**	Bessie Higgings
RESIDENCE	Tetonia Idaho	**RESIDENCE**	Tetonia Idaho
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	34 (Years)	**AGE AT LAST BIRTHDAY**	24 (Years)
BIRTHPLACE	Smithfield Utah	**BIRTHPLACE**	St George, Utah
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5-1 1915 C. C. Merrington Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1952

414-204-033-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29231

County of Madison

City of Sache

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Madisen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Wm. Madsen	FULL MAIDEN NAME	Mary Hansen
RESIDENCE	Sache Idaho	RESIDENCE	Sache Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Copenhagen Den	BIRTHPLACE	Illionoise
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 39 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed April 1913 Herrington
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

649-103-033-464

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29232

County of Madison

City of Bates

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Richard Turniss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Turniss	FULL MAIDEN NAME	Rhoda Moulton
RESIDENCE	Bates	RESIDENCE	Bates.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs

Filed Mar. [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-108-073-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. .....

File No. 29233

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD CLARENCE DALE Byrne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Michael Byrne	FULL MAIDEN NAME	Hattie Housell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed Mar. 19 Wm. C. Herrington Registrar

..... Registrar

S-Y CO. 24885

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton }

Certificate No. 29233
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Clarence Dale Byrne (Name on original certificate) who born (Was born or died) on March 8, 1915 (Date of event)
in chapin, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on March 9, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Byrne	Clarence Dale Byrne

Subscribed and sworn to before me this 13th
day of October, 1941

Notary Public, residing at Driggs, Idaho
My commission expires April 14, 1945
[SEAL]

Signed Hattie Byrne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida o } ss.
County of Teton }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of October, 19 41

Notary Public, residing at Driggs, Idaho
My commission expires April 14, 1945
[SEAL]

Signed Vernita M. Byrne
(Signature of any credible person other than the previous affiant.)

Driggs, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 16 1941

236-125-033-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Registration District No. .....

File No. 29234

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Russell Fredrick Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 - 25 - 1915

FATHER		MOTHER	
FULL NAME	Fred Stone	FULL MAIDEN NAME	Minerva Sevitt
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Filed ..... 19.... Merrington

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 0 1942

Amended 4/17/73

266-1102 033 = 265

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29235
Local Reg. No.
Reg. Dist. No.

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Failing this certificate MUST be filed with the

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ray
b. (Middle): Brigham
c. (Last): Bowen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 10, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Lewis
b. (Middle): J.
c. (Last): Bowen

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Ut.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Adelaide
b. (Middle):
c. (Last): Honey

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
27 YEARS	Ut.	3		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ora D. Keith, Physician

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Driggs

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.:

22. REGISTRAR'S SIGNATURE: C. Cherrington

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME 11 PM

RACE OR COLOR OF FATHER: White
RACE OR ~~COLOR~~ OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 29235

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis Bowen	FULL MAIDEN NAME	Addie Honey
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed 1915 B. C. Herrington Registrar

Registrar

8-Y CO. 24685

JAN 23 1973
APR 18 1973
AUG 05 2005

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 12 11 58 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 29235

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bowen (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1915 (Date of Event) in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ray Brigham Bowen
Father's name	Louis Bowen	Lewis John Bowen
mother's name	Addie Honey	Adelaide Honey

Subscribed and sworn to before me this 3rd day of February, 1973

Renee McMurdie

Notary Public, residing at Logan, Utah

My commission expires March 3, 1973

(Seal)

Signed x Adelaide H. Bowen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

444 East 7th South Logan Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1973

Renee McMurdie

Notary Public, residing at Logan, Utah

My commission expires March 6, 1973

(Seal)

Signed x Nona B. Jolley

(Signature of Any Credible Person)

691 South 6th East Logan, Utah

(Street Address, City, State)

FORM DH 60-155 CL 1/23/73

First Baptism ~~an~~ Certificate gives name as Ray Brigham Bowen. Dated April 17, 1923. Was Baptized in Logan Temple, Utah. Viewed by V. S.

Application to Benefficial Life Insurance Co gives name as Ray Brigham Bowen. gives birth date as April 10, 1915. dated Oct. 27, 1937. Viewed by V. S.

~~XXXXXXX~~
Certificate of Baptism and Confirmation from LDS Church dted May 15, 1923 gives name as Ray B. Bowen son of ~~X~~Lewis J. Bowen and Adelaide Honey. Born April 10, 1915. Was Baptized April 17, 1923. Viewed by V. S.

154-119-033-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Madison

CERTIFICATE OF BIRTH

City of Bates

Registration District No. _____ File No. 29236

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Lyndon Wayne Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Wise Andrews	FULL MAIDEN NAME	Sarah Daniels
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:35 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bates

Filed Apr. 19, 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/18/41 L. B.

A F F I D A V I T .

STATE OF CALIFORNIA)
) ss
COUNTY OF RIVERSIDE)

Louis Wise Andrews and Sarah Daniels Andrews, husband and wife, of Riverside, California, being first duly sworn, doth depose and say:

That the birth certificate of their son, Lyndon Wayne Andrews, as of record in the Department of Health, Bureau of Vital Statistics, Boise, Idaho, does not give his name and we wish his name - LYNDON WAYNE - inserted in said certificate.

Further that his father's name was and is Louis Wise Andrews and the maiden name of his mother was Sarah Daniels.

That said birth occurred in Bates, Teton County, formerly Madison County, Idaho.

Louis Wise Andrews

Sarah Sadie D Andrews.

Subscribed and sworn to before me this 12th day of April, 1941.

J B Logan Notary Public in and for Riverside County, State of California.

My commission expires January 16, 1944.

693-112-033-128

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. .....

File No. 29237

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD David Emerton Williams

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Williams	FULL MAIDEN NAME	Ashcraft
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Schoolteacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dia D Keitt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-1-1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 29237

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	David Emerton Williams

Subscribed and sworn to before me this 24
day of June, 1942

W. B. Jory
Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Chloe E. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1583 3rd E Provo, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 4 1942

993-118-033-751

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29238

County of Madison

City of Clawson

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Ricks	FULL MAIDEN NAME	Vivian Peacock
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed 5-1-19 [signature] Registrar

Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-120-032-749

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29239

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 28

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Herbert Arnold Halbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	—	yes	Jan 20 1915

FATHER		MOTHER	
FULL NAME	Virgil C Halbert	FULL MAIDEN NAME	Mabel S. Griffith
RESIDENCE	Jerome	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Pyle M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Feb 14 1915 C. D. Pyle Registrar

S-Y CO. 24656

796-101-032-213

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

29240

County of Lincoln

City of Jerome

Registration District No. 23

File No.

No. , St.

Primary Registration District No. 1017-2017

Registered No.

Hospital

FULL NAME OF CHILD Floyd Edward Grow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	Feb 1 1915

FATHER		MOTHER	
FULL NAME	Claude K Grow	FULL MAIDEN NAME	Nettie Ball
RESIDENCE	8 mi. N E of Jerome	RESIDENCE	8 mi. N. E. of Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kas	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

(Signature) C. D. Pipes M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed Mar 19 1915 C. D. Pipes

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

8-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Nov. 25, 1940. E.W.

69A 110 · 032-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29241

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. _____ St.

Hospital _____

Registration District No. 23

Primary Registration District No. 1017-2017

File No. _____

Registered No. _____

FULL NAME OF CHILD Elmer Douglas Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	—	yes	Feb 10 1915

FATHER		MOTHER	
FULL NAME	Elmer C Frost	FULL MAIDEN NAME	Ella V. Burnes
RESIDENCE	6 mi. N. W. of Jerome	RESIDENCE	6 m N. W. of Jerome
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. D. Pyle M. D.

(Physician or midwife)

Address Jerome Idaho

Filed Feb 12 1915 E. D. Pyle

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24656

DEC 5 1974

319.129.032.614

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29242

County of Lincoln

City of Jerome

Registration District No. 23

File No.

No. , St.

Primary Registration District No. 1017-1027

Registered No.

Hospital

FULL NAME OF CHILD Ramon Stewart Carlton

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Mar 29, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. S. Carlton	FULL MAIDEN NAME	Jessie Warner
RESIDENCE	6 mi. N.W. of Jerome	RESIDENCE	6 mi. N. W. of Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. Dakota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3 (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2130 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address Jerome Ida

Filed Apr 19 1915 E. D. Piper Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

20-11

STATE OF IDAHO

CERTIFICATE OF BIRTH

2923

City of Jerome — Registration District No. 23 — File No.

No. ____ St. — Primary Registration District No. 1017-4017 — Registered No.

Hospital

FULL NAME OF CHILD Harry Detweiler

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Mar 26 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. Detweiler	FULL MAIDEN NAME	Bessie Miller
RESIDENCE	Filer Idaho	RESIDENCE	Jerome Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Missouri.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pipes M. D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

....., 19.....

Filed Apr 19 1915 C. D. Pipes

Registrar

.....

Registrar

S-Y CO., 16669

MAR 1 8 1968

293-122-032-859

Amended 6/18/73

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

Registration District No. 23

File No. 29244

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Frank alvin Silbaugh

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—	—	—	Yes	Mar 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Silbaugh	FULL MAIDEN NAME	Phoebe Herrington
RESIDENCE	6 Mi. W. of Jerome Ida	RESIDENCE	6 mi. W. of Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pensylvania	BIRTHPLACE	Pensylvania
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Jerome Idaho

Filed Apr 19 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 16 1 05 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane

Certificate No. 29244

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Frank Alvin Sillbaugh (Name on Original Certificate) who was born (Was Born or Died) on Mr 22, 1915 (Date of Event) in Jerome, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Frank Alvin Sillbaugh	Frank Alvin Silbaugh
Father's last name	Sillbaugh	Silbaugh

Subscribed and sworn to before me this 3 day of Nov 1971

William [illegible]

Notary Public, residing at [illegible] Wash

My commission expires 1 May 1974

(Seal)

Signed Phoebe M Silbaugh

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of February, 1973

Faye May

Notary Public, residing at Boise Idaho

My commission expires 10-26-75

(Seal)

Signed J H Sillbaugh

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9/23/71 1cc pd. rec. # 22619

Certificate of Baptism and Confirmation from LDS Church gives name as Roberta Fae Silbaugh daughter of Frank Alvin Silbaugh and Fae Clark. Bonr Nov. 3, 1936 Was Baptized Feb 5, 1954. Viewed by V S

JUN 18 1973

Transcript from Jerome High School for Robert F. Silbaugh gives father's name as Frank Silbuagh. Viewed by V. S. (xdated 1951.

Insurance Policy from Indiependent Liberty Life Ins. Co. gives name as Frank A. Silbuagh dated Oct. 14, 1970. Policy No. 70525728. Viewed by V. S.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20

PLACE OF BIRTH 299-116-032-155

County of Lincoln

City of Jerome

No. ..... St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 89246

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph T. Krivanek Jr.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	Yes	Apr 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph T. Krivanek	FULL MAIDEN NAME	Gail E. Jenkins
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Manager for Water & Light Co	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19....

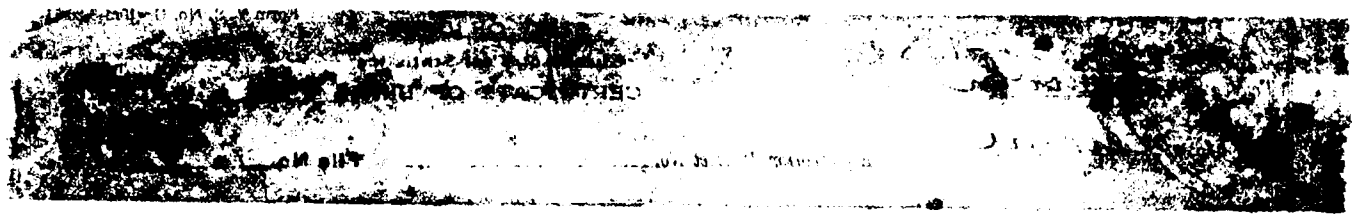
Address Jerome Idaho

Filed Apr 19 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16669



MAR 3 1942

APR 22 1969

Dup 001915-29931

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819 [redacted] 32-247

[redacted]

Form V. Sc. No. 11 Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29247

County of [redacted]

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017-2017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Apr (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Woodren O Harman	FULL MAIDEN NAME	Mable Supton
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Jerome

Filed Apr 19 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16669

DUP 001915-29926

652 176 816 891

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29248

County of Cassia

City of Pella

Registration District No. 117 File No.

No. ....., ... St.

Primary Registration District No. 8196 Registered No. 286

Hospital .....

FULL NAME OF CHILD Leslie Ward Weber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feby 16, 1915

FATHER		MOTHER	
FULL NAME	Samuel P Weber	FULL MAIDEN NAME	Irene Hiatt
RESIDENCE	Meeley Idaho	RESIDENCE	Meeley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	School Teacher

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was March Feb 16 1915, at 5.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

Midwife
(Physician or Midwife)

Address Burley Idaho R.F.D. #3

Given names added from a supplemental report

....., 19.....

Filed 4-1-15 19..... Dr. J. C. Patterson
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

PLACE OF BIRTH

755-109-016-553

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29249

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 287

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? Single and Number in order of birth: Sixth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morris A Lee	FULL MAIDEN NAME	Ida Nelson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah U.S.A.	BIRTHPLACE	Idaho U.S.A.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Cranner M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 3-11-15 19..... Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-125-016-245

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29250

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 274

FULL NAME OF CHILD ~~Wolf~~ Lloyd Franklin Wolf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	3-25-15 1915

FATHER		MOTHER	
FULL NAME	J. F. Wolf	FULL MAIDEN NAME	Vandetta Burns
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Filed 4-1-15 19..... Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 29250

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wolf (male child) (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1915 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lloyd Franklin Wolf

Subscribed and sworn to before me this 22nd day of December, 19 67

A. Deane Crawford

Notary Public, residing at Burley

My commission expires July 10, 1970

(Seal)

Recording of Burley, Idaho

My Commission Expires July 10 1970

Signed Vandetta Wolf (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 19 67

Notary Public, residing at Burley, Idaho

My commission expires 7/10/70

(Seal)

Signed Emma C. Barrington
(Signature of Any Credible Person)

R#1 Burley Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8-30-67. one copy pd.

Declo High School, Declo, Idaho, Records, gives name as Lloyd Franklin Wolf, date of birth as March 25, 1915 was enrolled Sept. 1929 to May 1933, Parents Joe Wolf, and Vendetta Brunn Wolf, Issued Dec. 22, 1967, signed by M. B. Robinson, Principal - viewed by V.S.

JAN 17 1968

Own Child's birth certificate, On file Idaho #406670, Child's name Shirlene Mary Wolf, born April 21, 1945, gives name of father as Lloyd Franklin Wolf, age 30, born Burley, Idaho. - viewed by V.S.

249.122-016276

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29251

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 273-

FULL NAME OF CHILD Arthur Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	3-22-15 191...

FATHER		MOTHER	
FULL NAME	C. H. Smith	FULL MAIDEN NAME	Lillie Stokes
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Idaho

Filed 4-1-15 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

144-110-016-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 29252

Primary Registration District No. 2196 Registered No. 276

FULL NAME OF CHILD Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	3-10-15 191

FATHER		MOTHER	
FULL NAME	L. D. Judd	FULL MAIDEN NAME	Annie Stevens
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 4-1-15 19.... Dr. J. C. Patterson Registrar

8-Y CO. 24688

Form V. S. No. 11-C—25n-1-1-13

IDAHO
/L STATISTICS

BIRTH

File No.

istered No.

.....191
h) (Day) (Year)

.....
ra)

.....

.....
Registrar

595-1410616-386

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29253

Registration District No. 117 File No. .....

Primary Registration District No. 1196 Registered No. 277

FULL NAME OF CHILD Carlisle Vernon (Nielsen) Nielsen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	3-14-15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Niels B. Nielsen	Hannah B. Thornton
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY	27 (Years)	26. (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 4-1-15 19..... Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1971

154-2011016-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29254

Registration District No. 117 File No. .....

Primary Registration District No. 219 Registered No. 278

FULL NAME OF CHILD Dorothy Mary Anderson

Sex of Child: F | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 3-1-15 (Month) (Day) 191 (Year)

FATHER	MOTHER
FULL NAME: E. M. Anderson	FULL MAIDEN NAME: Laura Thornton
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

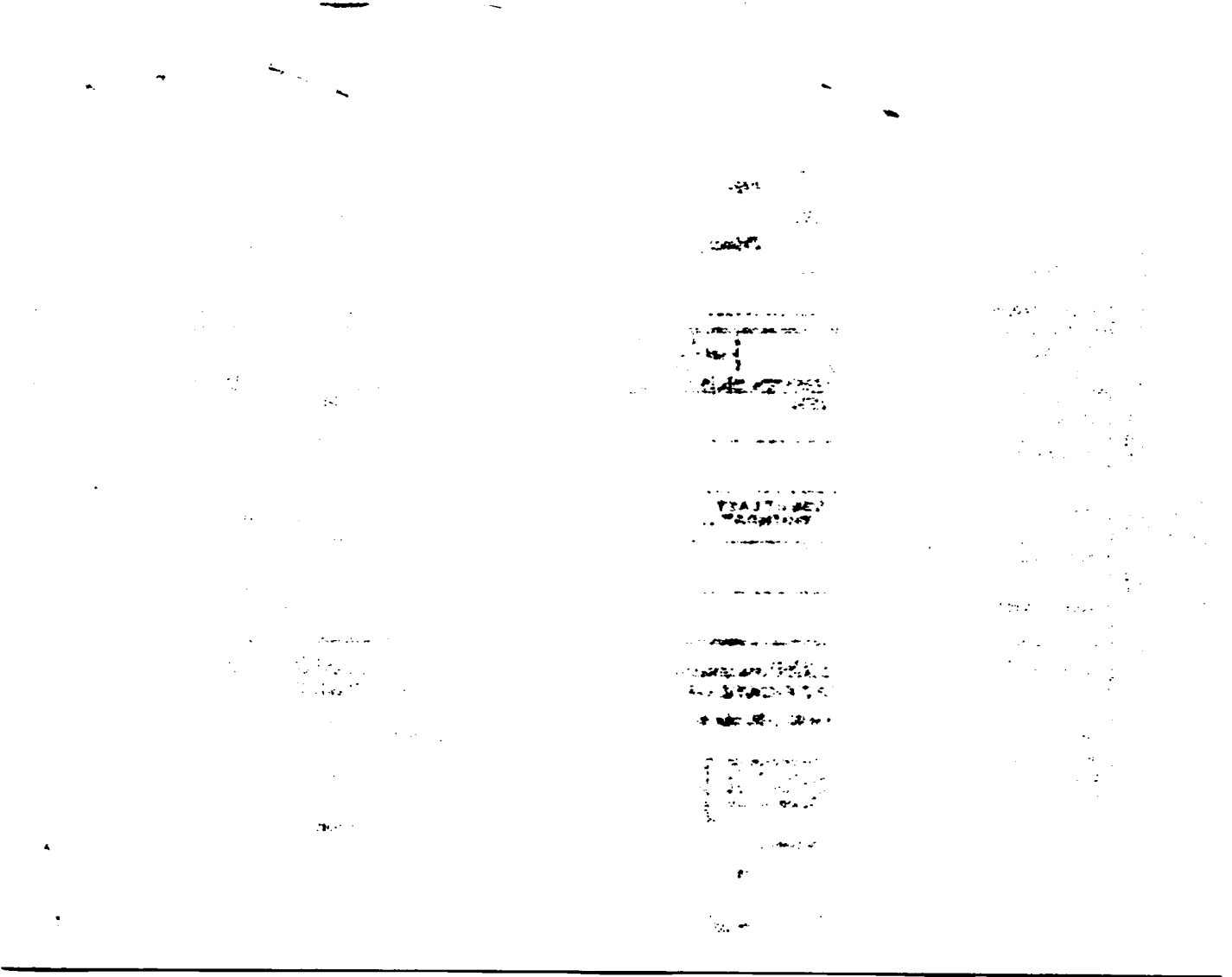
(Physician or midwife)

Address Burley, Ida.

Filed 4-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 1-23-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29254

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Anderson (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1915 (Date of Event) in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Dorothy Mary Anderson

Subscribed and sworn to before me this 22nd day of January, A. 1973

Florence Cushright

Notary Public, residing at Burley

My commission expires 4-28-74

(Seal)

Signed Oleen E. Baggett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

B4 Buhl Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

K

FORM DH 60-155

Certificate of Baptism and Confirmation gives name as Dorothy Mary Anderson born March 1, 1915 to Edwin Anderson and Laura Thornton. Baptized January 2, 1927
Viewed By V.S.

Own childs birth certificate on file with stateof Idh= Idaho, # 268291 gives name of mother as Dorothy Mary Anderson. Child born May 5, 1938 in Burley,Idaho
Viewed by V.S

962.207-016-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29255

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 279.

FULL NAME OF CHILD Ruth May Roberts

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes	3-3-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	O. R. Roberts	FULL MAIDEN NAME	Sarah E. Shantz
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-1-15 19..... Dr. J. C. Patterson Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

713.207.016-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29256

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 280

FULL NAME OF CHILD Frances Ruth Gallogly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	3-7-15 191

FATHER

FULL NAME: L. B. Gallogly

RESIDENCE: Burley, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ark.

OCCUPATION: Undertaker

MOTHER

FULL MAIDEN NAME: Elsie Van Engelen

RESIDENCE: Burley, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho.

OCCUPATION:

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Idaho

Filed 4-1-15 19..... Dr. J. C. Patterson Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1962

418-107-016-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29257

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 281

FULL NAME OF CHILD Dewey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	3-7-15 1915

FATHER		MOTHER	
FULL NAME	James L. Dewey	FULL MAIDEN NAME	Minnie Thomas
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 4-1-15 19.... Dr. J. C. Patterson Registrar

S-Y CO. 24655

248-131-016-268

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE [redacted]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 29258

Primary Registration District No. 2196 Registered No. 282

FULL NAME OF CHILD Clarence W. Kuhn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	3-31-15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. A. Kuhn	Blanche Boynton
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Neb.	Kansas
OCCUPATION	Painter	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed 4-1-15 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3-31-65

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
JAN 9 1967
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 29258

Date Filed .....

The undersigned does solemnly swear that certain data on certificate of birth (Birth or Death)

for Unnamed Kuhn (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1915 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Kuhn	Clarence W. Kuhn

Subscribed and sworn to before me this 16 day of December, 1966

Notary Public, residing at Pocatello, Idaho

My commission expires 6/29/67

(Seal)

Signed Clarence W Kuhn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22 L M Johnson Pocatello Ida Ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1967

Notary Public, residing at Boise Idaho

My commission expires 6-29-69

(Seal)

Signed Raymond L Tucker

(Signature of Any Credible Person)

39 Mesa Vista Dr. Boise Idaho

(Street Address, City, State)

FORM DH 60-155

Pocatello Senior High School Graduation May 26, 1933 gives name as Clarence Willard Kuhn. C. G. Wells, Clerk of Trustees and George Green, Principal.
Viewed by V. S.

JAN 9 1967

Clarence W. Kuhn is listed as the name on his honorable Discharge. Date of induction Nov. 12, 1943. Date of Separation Dec.31,1945. Iddued by U. S. Army.
Viewed by V. S.

365-729-016-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 29259

Primary Registration District No. 2196 Registered No. 283

FULL NAME OF CHILD Jennings D. ~~Conner~~ Conner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	3-29-15 191...

FATHER		MOTHER	
FULL NAME	Wm Conner	FULL MAIDEN NAME	Rhoda Wilson
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Penn.	BIRTHPLACE	Penn
OCCUPATION	Plumber	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Burley, Idaho

Filed 4-1-15 19... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1965

114-200-016-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 29260

Primary Registration District No. 2196 Registered No. 284

FULL NAME OF CHILD Virginia Kay Jamison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 3 (Month) (Day) 1915 (Year)
Fem			

FATHER		MOTHER	
FULL NAME	Alexander Jamison	FULL MAIDEN NAME	Mary Hannah Jones
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed 4-10-15 19.... Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DOB

HOLD

DUP OF 19-426065

464-000-016-665

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 29261

Primary Registration District No. 2196 Registered No. 285

FULL NAME OF CHILD Not Named Now

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legal mate?	Date of Birth 3 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joel Moultrie	FULL MAIDEN NAME	Edith Owens
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. J. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 4-11-15 19..... Dr J. C. Patterson

Registrar

Registrar

S-Y CO. 24666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-227-016-757

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29262
Local Reg. No.
Reg. Dist. No. 117

Amended 6/24/76

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rebecca b. (Middle): Louise c. (Last): Chidester

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): March 27, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Dan b. (Middle): Carlos c. (Last): Chidester

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Washington, Utah
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Louie b. (Middle): Hazel c. (Last): Pearce

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): St. George, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John M. Minter
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-11-15
22. REGISTRAR'S SIGNATURE: Dr. J. C. Patterson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS. TIME: 3 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

USE ONLY BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 29 4 03 PM '76

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO
County of TWIN FALLS } ss.

Certificate No. 29262

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rebeka Louise Chitester (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Rebeka Louise Chitester	Rebecca Louise Chidester
Father's Last Name	Chitester	Chidester
Mother's Maiden Name	Hazel Lou Pearce	Louie Hazel Pearce

Subscribed and sworn to before me this 14th day of February, 1961

Notary Public, residing at Burley Idaho
My commission expires 2-4-1966
(Seal)

Signed Hazel L Chidester Kirkpatrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1315 Maple Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-10-61. one copy pd. receipt #11248.

A letter from Buhl Public Schools gives name as Louise Chidester born March 27, 1915 at Burley, Idao. father listed as Don Chidester. record is dated Sept. 19, 1921. viewd by V. S.

Baptismal record from the LDS Church gives name as Rebecca Louise Chidester Amborse. born onf Mar 27, 1915 at Burley, Idaho. Baptized Aug 31, 1923. father name as Don Carlos Chidester and Hazel Rda Pearce. viewed by V. S.

Own child's birth certif from Idaho (file No. 51-1009) gives child's name as Deena Ruth Ambrose born Jan 17, 1951. father's name as Marion John Ambrose and mother's name as Rebecca Louise Chidester. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29262

Registration District No. 117 File No. .....

Primary Registration District No. 9196 Registered No. 988

FULL NAME OF CHILD Rebeka Louise Chitwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	March 27, 1915

FATHER		MOTHER	
FULL NAME	Dan Carlos Chitwood	FULL MAIDEN NAME	Hazel Lavon Pearce
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington Utah	BIRTHPLACE	St George Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Minton

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-11-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

JUN 2 5 1976

749.105016-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 29263

Primary Registration District No. 2196 Registered No. 289

FULL NAME OF CHILD Maxwell Donald Gruberson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		1	Yes	March 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	N. Warner Gruberson	FULL MAIDEN NAME	Grace Hardin
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	King Co Wash	BIRTHPLACE	Johnson Co Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Minter

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-11-15 19.... Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1947

JUL 21 1942

469-125-016-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital Residence

Registration District No. 117 File No. 29264

Primary Registration District No. 2196 Registered No. 290

FULL NAME OF CHILD Louis Lind Martinsen

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	7 (To be answered only in event of plural births)	Yes	25 Feb 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Alonzo Martinsen	FULL MAIDEN NAME	Effie Ellen Bennett
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Lavan Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4-11-15 19____ Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-120-016-275

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 29265

Primary Registration District No. 2196 Registered No. 293

FULL NAME OF CHILD Earnest Earl Hardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 20 1916

FATHER		MOTHER	
FULL NAME	Bert F. Hardin	FULL MAIDEN NAME	Carrie Spencer
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Saline Co Kan	BIRTHPLACE	Salina Co Kansas
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Smith

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-11-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dec. 6, 1940 L. B.

793.115-a16-863

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29266
Local Reg. No.
Reg. Dist. No. 117

Amended 9/15/77

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Wayne
b. (Middle): Holmes
c. (Last): Gilman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Mar 15, 1915

FATHER OF CHILD

Time: 4 AM

7. FULL NAME
a. (First): Charles
b. (Middle): Francis
c. (Last): Gilman

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Mt. Pleasant, Utah	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Erma
b. (Middle):
c. (Last): Holmes

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Mt. Pier, Ida.			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Minter

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-11-15

22. REGISTRAR'S SIGNATURE: Dr. J. C. Patterson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White | RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

793-115-016-868

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29266

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 291

FULL NAME OF CHILD Lora H Gilman

Sex of Child Male	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mch 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Charles Gilman	FULL MAIDEN NAME	Erma Hahlman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mt Pleasant Utah	BIRTHPLACE	Mt Pelier Ida
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-11-15 19.... Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1965

SEP 15 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

AUG 19 9 12 AM '77

Certificate No. 29266

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lars H. Gilman (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1915 (Date of Event)
in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Lars H. Gilman	Wayne Holmes Gilman
Mother's maiden name	Hohlmes	Holmes
Father's name	Francis Charles Gilman	Charles Francis Gilman

Subscribed and sworn to before me this 12th day of July, 19 77

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Zetta C. Gilman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Amended 7-12-77

Statement regarding family records issued by Sylvia J. Conner, aunt stated that Wayne Holmes Gilman has never gone by the name of Lars and that the family records give his name as Wayne Holmes Gilman born March 15, 1915 at Burley, Idaho, to Charles Francis Gilman and Erma Wight Holmes.
Original record old. Notorized copy issued July 11, 1977.
Viewed by V.s.

Certif of Blessing from the LDS Church gives name as Wayne H. Gilman son of Charles Francis Gilman and Erma W. Holmes. born Mar 15, 1915 at Burley, Idaho. Blessed June 6, 1915. viewed by V. S.

495-131-016-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29267

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 292

FULL NAME OF CHILD Edward John Dressell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Mch 31 1915

FATHER		MOTHER	
FULL NAME	Raymond Dressell	FULL MAIDEN NAME	Ethel Patton
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Eureka Utah	BIRTHPLACE	Manti Utah
OCCUPATION	Fireman	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1409 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Minter

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4-11-15 19..... Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

*N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1956

459-127-028-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE O[redacted]
BUREAU OF V[redacted]TICS

CERTIFICATE OF BIRTH

29268

County of Kootenai

City of Coeur d'alene

No. 320 W. Summit St.

Hospital

Registration District No. 29 Third Ward

File No. 3

Primary Registration District No. 050

Registered No. 4

FULL NAME OF CHILD Walter Earl Meredith.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes.	2 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter Scott Meredith	FULL MAIDEN NAME	Mable Morris
RESIDENCE	Ford Idaho.	RESIDENCE	Bellgrove Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 29. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE	Forestville Mich.	BIRTHPLACE	Rockford ~~Idaho~~ Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn) at 2:00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Tillie Wood

Midwife

([redacted]n or midwife)

Given names added from a supplemental report.

19

Address 1053 N. A + Paul st.

Filed 2-26 1915 Max C. Stoneland

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1948

165-120-028-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29269

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 3

Hospital .....

FULL NAME OF CHILD Baby Jones Myron E. Jones

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	one	yes.	Feb 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorne Edward Jones	FULL MAIDEN NAME	Eva Byers
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-20-15 May C Dorland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss.
County of MARION }

RECEIVED MAR 1 1 1966 Bureau of Vital Statistics

Certificate No. 29269

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Jones (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1915 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Myron Edward Jones

Subscribed and sworn to before me this 24 day of FEBRUARY, 1966

Notary Public, residing at Salem, Oregon

My commission expires 7/30/66

(Seal)

Signed Dorothy E. Converse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1070 Cascade Drive NW. Salem, Or.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March, 1966

Notary Public, residing at Spokane

My commission expires May 14-1968

(Seal)

Signed Loren Edward Jones
(Signature of Any Credible Person)

W. 2-3rd Ave., Spokane, Wash.
(Street Address, City, State)

FORM DH 60-155

CL 2-7-66. one copy pd. rec. #6417.

Social Security Card, #536-01-1230 gives full name as Myron Edward Jones - viewed by V.S.

MAY 17 1966

Chevron National Credit Card, Standard Oil Company of California, dated 1948, expires Dec. 1966-#745 528 170 4, gives full name as Myron E Jones - viewd by V.S.

full name added Myron E. Jones 5-17-66 because documents could not be submitted to add full ~~nam~~ middle name -

434-109.028-796

Form V. S. No. 11-C—20m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 29270

Primary Registration District No. 1050 Registered No. 2

FULL NAME OF CHILD John Lawrence McDaniels

Sex of Child	Twin/Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	one	yes	Feb 9 1918

FATHER		MOTHER	
FULL NAME	John Lawrence McDaniels	FULL MAIDEN NAME	Margaret Groves
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Coeur d Alene
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:41 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W St Holden

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 2-20 1918 Mary C. O'Leary Registrar

S-Y CO. 24655

11-12-41

MAY 27 1986

512.113108-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 29271

Primary Registration District No. 1050 Registered No. 1

FULL NAME OF CHILD John Norman Nass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	one	yes,	Feb 13 1915

FATHER	MOTHER
FULL NAME Joseph N. Nass	FULL MAIDEN NAME Teresa Marie Mahler
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR White — AGE AT LAST BIRTHDAY 40 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Iowa
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth one — Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Holden Physician

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-20 1915 Max A. Borland

Registrar

S-Y CO. 24658

451-131-028-295

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29274

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29 File No. 2

Primary Registration District No. 1050 Registered No. 40

FULL NAME OF CHILD Baby Meachim

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	one	one	yes	Jan (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse S Meachim	FULL MAIDEN NAME	Minnie Eula Kinnon
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-31- 1915 M A Doland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763 217 028-252

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of C. D'A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29277

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 43

FULL NAME OF CHILD Nelda Nadine Polk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes.	Jan (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George L Polk	FULL MAIDEN NAME	Andraella Best
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1-20 1915 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546115C028-968

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29284

Registration [redacted] No. 29 File No. 2

Primary [redacted] District No. 1050 Registered No. 50

FULL NAME OF CHILD Elmer O[redacted] Edwards.

Sex of Child	Twin Triplet or other?	Legitimate?	Date of Birth
Male	one and [redacted] (To be answered only in e[redacted]hs)	yes	Jan (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jesse James Edwards	FULL MAIDEN NAME	Maude Royer.
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible]	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth [illegible]

Number of children of this mother now living, including present birth 0

CERTIFICATE OF [redacted] PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[redacted] W H Holden

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

4 18 1915 Max [illegible] Registrar

S-Y CO. 24655

553-215 1028-785

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 29285

Primary Registration District No. 1050 Registered No. 5

FULL NAME OF CHILD Velma Edith Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes.	Mch 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur LeRoy Nelson	FULL MAIDEN NAME	Helen Edith Phelps.
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Columbus Nebraska	BIRTHPLACE	Pullman Wash
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 3 20 1914 Mary A Dorland
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1976

8-19-206-028-795

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29286

Registration District No. 24 File No. 3

Primary Registration District No. 1050 Registered No. 6

FULL NAME OF CHILD Bernice Vivian Harvey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes.	Mch 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orin A Harvey	FULL MAIDEN NAME	Bessie Green
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Indiana
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

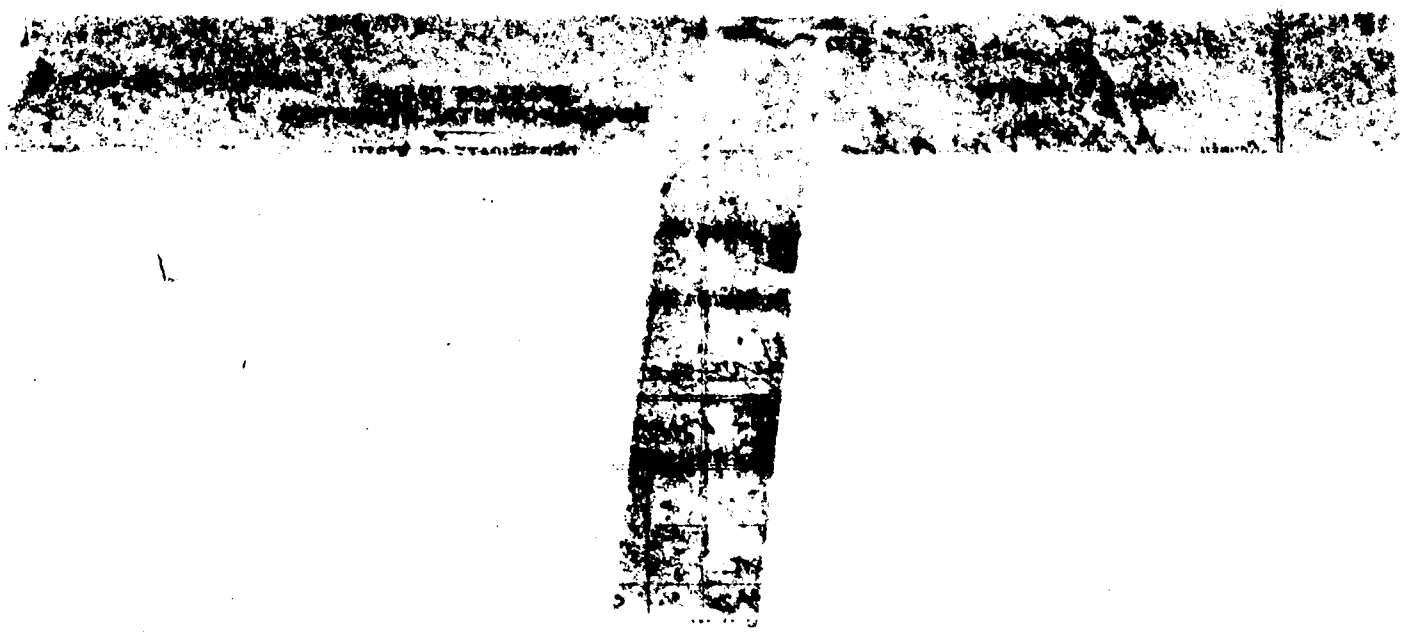
Filed 3-15 1915 Max C Holland
Registrar

9-Y CO. 24655

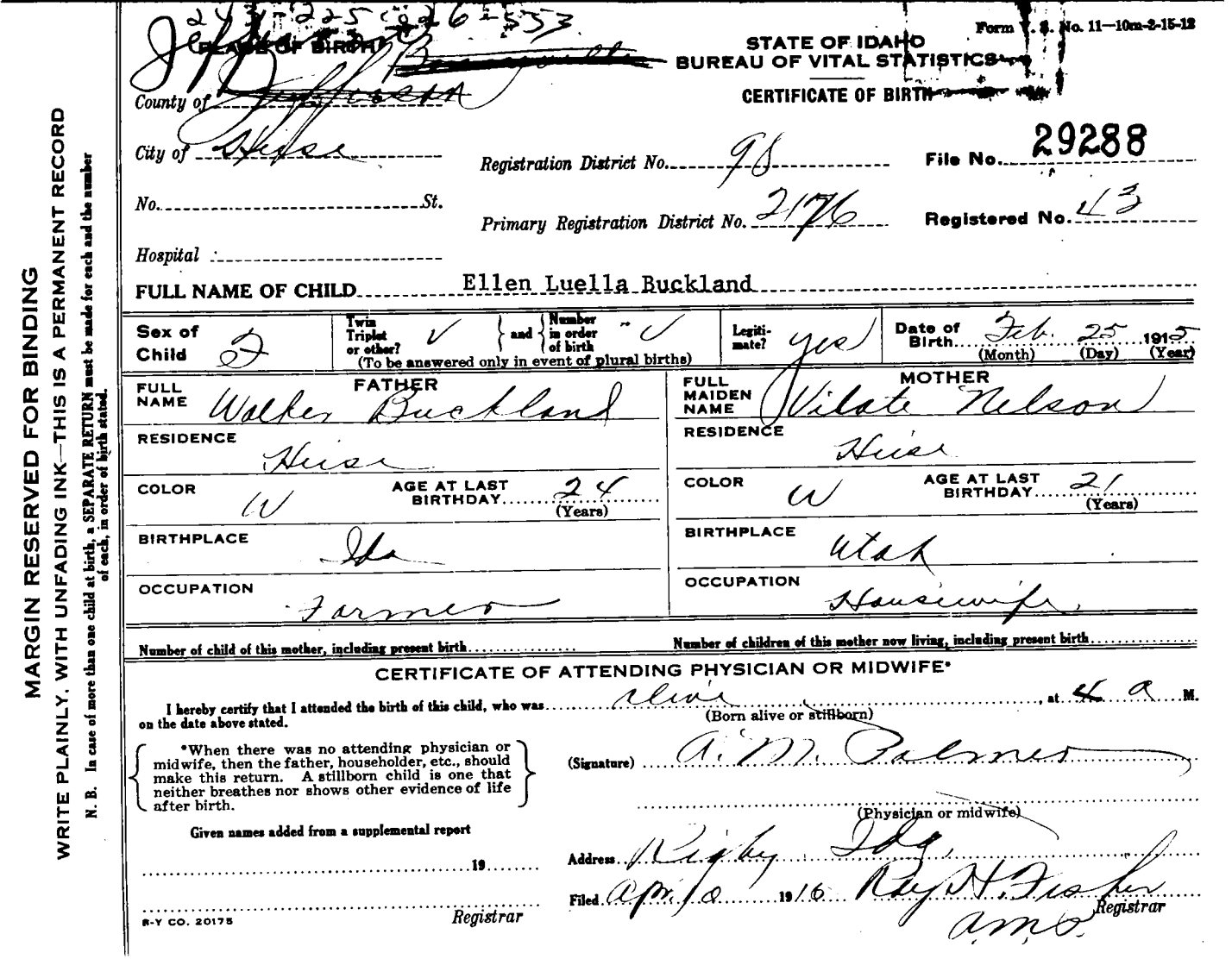
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dup 02-1915-37022



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-225 (026-553)

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Heise

Registration District No. 98

File No. 29288

No. ..... St.

Primary Registration District No. 2176

Registered No. 43

Hospital :

FULL NAME OF CHILD Ellen Luella Buckland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Feb. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walker Buckland	FULL MAIDEN NAME	Vilate Nelson
RESIDENCE	Heise	RESIDENCE	Heise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Filed Apr. 10 1916 Roy H. Fisher Registrar

A.M.P.

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 11 12 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 29288

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Buckland (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1915 (Date of Event) in Heise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Ellen Luella Buckland

Subscribed and sworn to before me this 7 day of February, 1973

Signed Vilate I. Burrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Linda J. Thibodeau
Notary Public, residing at Sierra Vista, Az
My commission expires My Commission expires January 26, 1975
(Seal)

R. R. 1 Box 38A S.V.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of MONTEREY

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5TH day of October, 1972

Signed Herbert C. Anderson
(Signature of Any Credible Person)

Notary Public, residing at Salinas, Calif.
My commission expires 1-18-74

OFFICIAL SEAL
JERRY R. GATTIS
NOTARY PUBLIC-CALIFORNIA
MONTEREY COUNTY
My Commission Expires Jan. 12, 1974

599 El Camino Real North
(Street Address, City, State)
SALINAS, CALIF.

For Form 60 Vol. 55 Oct. 9-14-72 lbcard #of rec #361

7 John St., Salinas, Calif. 93901

Certified copy of Death Record of Husband, Charles Eldon Blackburn gives name of spouse as Ellen Luella Blackburn. Husband died October 1, 1957 in Salinas, Ca/ State file # 813 Dist. # 2700.
Viewed by V.S.

MAR 13 1973

Monterey County Tax Statemen for 1957 gives name as Luella Blackburn husand of Charles Blackburn.
Viewed by V.S.

Marriage License, # 1153 issued by County of Madison and State of Idaho gives name of bride as Ellen Luella Buckland. Married to Charles Blackburn on July 29, 1934. Bishop James R. Smith.
Viewed by V.S.

Amended 6-7-61

PLACE OF BIRTH

693-220-026-693

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29289

Primary Registration District No. 2176 Registered No. 44

FULL NAME OF CHILD Bonnie Marie Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 30, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas. E. Williams	FULL MAIDEN NAME	Ella Williams
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) R. D. Tucker

..... (Physician or midwife)

Address Spencer

Filed April 10, 1915 Ray H. Fisher A.M.P. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Copy of Affidavits to Obtain Marriage License, State of South Carolina, county of Spartanburg, No. 56923-Dec. 30, 1944 gives full name of male as Roddey Miller Ligon and full name of female as Bonnie Marie Williams, married Dec. 30, 1944 - viewed by V.S.

Certified Certificate of Birth, IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
State of North Carolina, County of Rutherford, cert. no. 50, filed Dec. 3, 1945 gives full name of child as Gary Steve Ligon, born Nov. 18, 1945 in Rutherfordton Township to Roddy Miller Ligon and Bonnie Marie Williams - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of North Carolina Certificate No. 29289

County of Rutherford Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Williams (Name on Original Certificate) who was born (Was Born or Died) on 1-30-15 (Date of Event)

in Grant (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Bonnie Marie Williams

Subscribed and sworn to before me this 11th day of May, 1961

Carolyn S. Bradley
Notary Public, residing at Spindale, N.C.
My commission expires July 25, 1961
(Seal)

Signed Cynthia Mae Williams SISTER
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 132. Spindale, N.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of North Carolina
County of Rutherford } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1961

Carolyn S. Bradley
Notary Public, residing at Spindale, N.C.
My commission expires July 25, 1961
(Seal)

Signed Pearl Williams Morgan SISTER
(Signature of Any Credible Person)
205 Meridian St.
(Street Address, City, State)
Rutherfordton N.C.

DD 5-2-59 mm

FORM DPH 55. 155

MAY 26 1961

No documents required

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Rec.
June 7, 1961

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of North Carolina
County of Rutherford } ss.

Certificate No. 29289

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bonnie Marie Williams (Name on Original Certificate) who was born (Was Born or Died) on Jan. 30, 1915 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Sex	Male	Female

Subscribed and sworn to before me this 5th day of June, 1961.

Notary Public, residing at Spindale, N. C.
My commission expires June 18, 1962
(Seal)

Signed Cynthia Mae Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 232 Spindale N. C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 6-2-61. two copies pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29289

Primary Registration District No. 2176 Registered No. 44

FULL NAME OF CHILD Bonnie Marie Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Jan. 30, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas E. Williams	FULL MAIDEN NAME	Ella Williams
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Tucker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Spencer

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.P.

Registrar

5-Y CO. 24658

JUN 7 1961
MAR 2 2 1973

815-120-026-853

Form V. S. No. 11-C—Rev-1-1-18

PLACE OF BIRTH Jefferson

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Grant

City of Jefferson

No. ..... St.

Hospital .....

Registration District No. 98 File No. 29290

Primary Registration District No. 2176 Registered No. 45

FULL NAME OF CHILD NORMAN REUBEN HANSEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Feb. 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reuben Hansen	FULL MAIDEN NAME	Ellen Helm
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Spencer

Filed Apr. 10 1915 Ray H. Fisher Registrar

AMG

S-Y CO. 24683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 29290

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Norman Reuben Hansen who born on Feb. 20th, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bonneville County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by bible prepared on March 10th, 1915, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name Norman Reuben Hnsen	unnamed	Norman Reuben Hansen

Subscribed and sworn to before me this 18
day of February, 1942

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.

My commission expires
(Seal)

Signed Ellen Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 18
day of February, 1942

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.

My commission expires
(Seal)

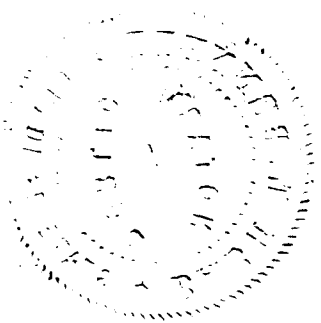
Signed
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

FEB 21 1942

FEB 27 1942

APR 8 1908



695-123-026-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29291

Primary Registration District No. 2176 Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	yes	Feb. 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Winder	FULL MAIDEN NAME	Laura Ritter
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

Registrar

S-Y CO. 44685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-221-026-354 Amended 7/24/78
Amended 07-31-06 ns

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29292

Primary Registration District No. 2176 Registered No. 47

FULL NAME OF CHILD Lila Vinette Lemmon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	V		V	Yes	Feb. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Washington Lemmon	FULL MAIDEN NAME	Ida Ethel Hamilton
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Ida.

Filed Apr. 12 1915 Ray H. Fisher Registrar
AMD.

Registrar

S-Y CO. 24683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 2 24 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 29292

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lemmon (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 21, 1915 (Date of Event)
in Garfield, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lila Vinette Lemmon

Subscribed and sworn to before me this 27th day of June, 19 78.

P. Colleen M. Kelsey
Notary Public, residing at Rigby, Ida.
My commission expires 5-26-82
(Seal)

Signed Florence Lemmon DeBell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

259 W Main Rigby Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 19 78.

P. Colleen M. Kelsey
Notary Public, residing at Rigby, Ida.
My commission expires 5-26-82
(Seal)

Signed Peter Lemmon Smith
(Signature of Any Credible Person)

29 W 1st S. Rigby, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 6/14/78

Own child's birth certificate on file in Idaho (file No. 56-7960) gives child's name as Frank Lynn Baldwin bor n July 3, 1956. father's name as Franklin Reed Baldwin mother's name as Lila Vinette Lemmon. viewed by V. S.

JUL 24 1978

Membership record from the LD S Church gives name as Lila ~~L.~~ Vinette ~~Baldwin~~ Lemmons Baldwin born Feb 21, ~~11~~ 1915 at Garfield, Idaho. father's nameas Washington Lemmon and Ida Ethel Hamilton. Blessed May 2, 1915 and Baptized Aug 4, 1923. viewed by VS

RECEIVED
VITAL STATISTICS
2006 JUL 28 AM 10:42

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ SS
County of _____

Certificate No. 15-29292
Date Filed April 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Lila Vinette Lemmon (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 21, 1915 (Date of Event)
in Garfield (Jefferson Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Mother's maiden surname	Lemmon	Hamilton

Subscribed and sworn to before me this 25th day of July 2006
Notary Public, _____
Residing at Idaho
My commission expires 08/10/10 (Seal)

Signature of Applicant
Street Address, City, State and Zip

NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

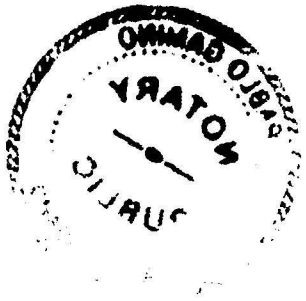
Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____ (Seal)

Signature of Applicant
Street Address, City, State and Zip

07-18-06

ID BC 06-D58-0359 FOR FLORENCE ERMA LEMMON BONR 08-29-06 IN WILLOW CREEK (FREMONT CO)
SHOWING MOTHER AS IDA ETHEL HAMILTON VIEWED BY VS

ID DC FOR WASHINGTON LEMMON 45-144140 WHO DIED 06-15-45 IN POCATELLO (BANNOCK CO)
SHOWING WIFE AS IDA HAMILTON LEMMON VIEWED BY VS



764-218-026-845

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98

File No. 29293

No. ..... St.

Primary Registration District No. 2176

Registered No. 48

Hospital .....

FULL NAME OF CHILD Eva Poulsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Mar. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos Levi Poulsen	FULL MAIDEN NAME	Sarah Eva Hunter
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Ida.

Filed Apr. 10 1915 Roy H. Fisher Registrar

A. M. Palmer

Registrar

S-Y CO. 24663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1964

231-219-026-986

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29294

Primary Registration District No. 2176 Registered No. 49

FULL NAME OF CHILD Norma Stallings

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Mar 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Don. C. Stallings	FULL MAIDEN NAME	Agnes Rhodes
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.P.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-116-026-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 29295

Primary Registration District No. 2176 Registered No. 50

FULL NAME OF CHILD David Darrell Rolfe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Mar. (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Rolfe	FULL MAIDEN NAME	Rosa Walker
RESIDENCE	Rudy.	RESIDENCE	Rudy.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.S.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-201-026-963

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29296

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 51

FULL NAME OF CHILD Fontella Purser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Apr 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	I. J. Purser	FULL MAIDEN NAME	Bertha Fern Rolfe
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen M. Rolfe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Ida.

Filed Apr 16 1915 Ray H. Fisher, A.M.S. Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

369-228-026-619

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of La Belle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29297

Primary Registration District No. 2176 Registered No. 52

FULL NAME OF CHILD Vivian Lucille Lords

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	✓	✓	Yes	Feb. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Lords	FULL MAIDEN NAME	Teresa Farnsworth
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.F.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif.

County of Los Angeles } ss.

MAR 20 9 27 AM '72

Certificate No. 29297

Date Filed Apr. 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Lords (Name on Original Certificate) who was born (Was Born or Died) on Feb. 28, 1915 (Date of Event)

in La Belle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Vivian Lucille Lords

Subscribed and sworn to before me this 25 day of September, 19 70

Linda F. Goorman

Notary Public, residing at Los Angeles, Calif

My commission expires September 23, 1973

(Seal)

Signed Chas J. Lords

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 E. Stepney St. Inglewood Calif.

(Street Address, City, State)

OFFICIAL SEAL
LINDA F. GOORMAN
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Sept. 23, 1973

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of

County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/15/70 lcc pd. rec. #2186 RUSH!

APR 1 1972

Family Group record fro Henry Joseph Lords and Farnsworth, Truessa Loleen. gives child name as Vivian Lucille Lord, born Feb.28, 1915/ at Rigby, Idaho. Viewed by V. S.

Marriage License from Idaho gives groom's name as Clarence N. Groetsema and the bride's name as Vivian L. Lords. Dated Dec. 27, 1937. Viewed by V. S.

851-113-026-523

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29298

Primary Registration District No. 2176 Registered No. 53

FULL NAME OF CHILD Walter Earl Heaps

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Mch. 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Heaps	FULL MAIDEN NAME	Willie Eschler
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	"Livery Barn Helper"	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Ida

Filed Apr 10 1915 Ray H. Fisher, A.M.P. Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 71 1952
AUG 71 1952

365-219-026-381

PLACE OF BIRTH name added 1/12/83

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 95

Primary Registration District No. 476

File No. 29299

Registered No. 54

FULL NAME OF CHILD Priscilla May Cone

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Mch. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto H Cone	FULL MAIDEN NAME	Elizabeth Chase
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Apr 10 1915 Roy H. Fisher Registrar

A.M.P.

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 12 10 56 AM '83

State of OREGON
County of KLAMATH } ss.

Certificate No. 29299
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Cone (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 19, 1915 (Date of Event)
in Rudy, Idaho (jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Priscilla May Cone

Subscribed and sworn to before me this 10th day of January 1983.
Notary Public, Helen Baldwin
Residing at Klamath Falls, Oregon
My commission expires May 13, 1985
(Seal)

x Priscilla May (Cone) Rawlin
Signature of Applicant
x 3805 Russell Road, Grants Pass, Or
Street Address, City, State 97526

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of KLAMATH } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January 1983.
Notary Public, Helen Baldwin
Residing at Klamath Falls, Oregon
My commission expires May 13, 1985
(Seal)

C. L. Cone
Supporting Signature

811 Rose, Klamath Falls, Oregon
Street Address, City, State 97601

Social Security card # 544 09 6425 ~~xxxx~~ gives name as Priscilla May Cone dated Oct. 27, 1937 viewd by V. S.

Own child's hospital birth certificate for Ruth Sharon Rawlin born Oct. 19, 1939 gives name as(mother) Priscilla Mae cone. born Mar 19, 1915 in Ririe, Idaho. father's name as Francis Robert ~~X~~ Rawlin. viewed by V. w.

JAN 1 0 1983

318-229-026-695

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH
Name added 5-7-79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

Registration District No. 98

File No. 29300

Primary Registration District No. 2176

Registered No. 55

FULL NAME OF CHILD VERLA TAYLOR

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Mch. 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Taylor Jr.	FULL MAIDEN NAME	Rachel Field
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher A.M.P. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAR. 23 2 23 PM '79 Certificate No. 29300

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Taylor (female) (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1915 (Date of Event)

in Grant, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Verla Taylor
mother's maiden name	Fields	Field

Subscribed and sworn to before me this 21st day of March, 1979

Ralph M. Archibald

Notary Public, residing at Idaho Falls Idaho

My commission expires lifetime

(Seal)

Signed Verla Taylor

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #6 Box 162 Idaho Falls Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March 1979

Ralph M. Archibald

Notary Public, residing at Idaho Falls Idaho

My commission expires lifetime

(Seal)

Signed Elma Wilkins

(Signature of Any Credible Person)

Rigby Ida R.4 - Box 319

(Street Address, City, State)

FORM DH 60-155

CL 11/22/78

Certificate of Blessing certifies that Verla Taylor was born Mar. 29, 1915 at Grant, Idaho. Blessed June 6, 1915, in L. D. S. Church.
Viewed by V. S.

MAY 31 1979

Certificate of Baptism & Confirmation gives names as Verla Taylor, daughter of Lyman Taylor & Rachel Tina
Baptized July 1, 1923, in L. D. S. Church.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-127-0 867

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29301

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 56

FULL NAME OF CHILD Samuel Gates Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Mch. 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Taylor	FULL MAIDEN NAME	Margaret Hoggan
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.P.

Registrar

S-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

MAR 14 10 54 AM '78

Certificate No. 29301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Taylor (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1915 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	unnamed	Samuel Gates Taylor

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1978

Notary Public, residing at Terreton, Idaho
My commission expires 12-20-1981
(Seal)

Signed Agnes Blanche T. Desesse (victim)
(Signature of Any Credible Person)

Blackfoot Manor #64 Shirley & Lansing Dr.
(Street Address, City, State)
Blackfoot Idaho, 83221

FORM DH 60-155

CL sent 3/3/78 1 copy paid rec. 17960 (copy sent as is)

Certif of Baptism and Confirmation from the LDS Church gives name as Samuel Gates Taylor son of Lester Taylor and Margaret Hoggan. born March 27, 1915 at Lewisville, Idaho. Baptized July 13, 1923. viewed by V. S. APR 4 1978

Family group recod for Lester Taylor and Margaret Hoggan. give child's name as Samuel Gates Taylor born March 27, 1915 at Lewisville, Idaho. viewed by VS

331-40 026-891

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Mcon

Registration District No. 98 File No. 29302

No. ____ St.

Primary Registration District No. 2176 Registered No. 57

Hospital ____

FULL NAME OF CHILD LeRoy Clark

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓ (To be answered only in event of plural births)		✓	Yes	Apr. 1 1915

FATHER		MOTHER	
FULL NAME	Chas. Clark	FULL MAIDEN NAME	Jennie Graham
RESIDENCE	Mcon	RESIDENCE	Mcon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Tasker

(Physician or midwife)

Address Rigby,

Given names added from a supplemental report

....19....

Filed Apr. 10 1915 Ray H. Tasker, Registrar

....Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265.103.026.912

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 98 File No. 29303

Primary Registration District No. 2176 Registered No. 58

FULL NAME OF CHILD James Severson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Apr 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Severson	FULL MAIDEN NAME	Agnes Rasmussen
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Apr 10 1915 Ray H Fisher Registrar

AMS

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

PLACE OF BIRTH

666-125 / 028-469

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29304

Primary Registration District No. 2176 Registered No. 59

FULL NAME OF CHILD ~~XXXXXXXXX~~ CYRIL DeLOSS Woolsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Mar 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mitchell Woolsey	FULL MAIDEN NAME	Selma Martin
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Lorenzo

Filed Apr. 10 1915 Ray H. Fisher Registrar

AMP

R-Y CO. 20175

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Cascade }

Certificate No. 29304

Date Filed APR [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ceral Woolsey (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on March 25-1915 (DATE OF EVENT)
in RiRie (PLACE OF EVENT), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Older Relative (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 31st 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ceral Woolsey	Cyril De Loss Woolsey

Subscribed and sworn to before me this 31st
day of March 1942

[illegible]
Notary Public, residing at Cascade
My commission expires Feb. 24-1943
(SEAL)

Signed Erma Woolsey Sanderson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Cascade, Montana (Sister)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

APR 6 1942

State of ..... ss. Certificate No. .....

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME OF ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ORIGINAL)	TO (THE CORRECT FACT)

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD, OR ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires ..... (STATE AUDRESS OF EV. STATE)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... ss.

County of ..... [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER [illegible], 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN ORIGINAL ATTENDANT.)

Notary Public, residing at ..... (STATE AUDRESS OF EV. STATE)

My commission expires .....

(SEAL)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

632-208-026-345

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29305

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 60

FULL NAME OF CHILD ~~Leitha Olsen~~ ALETHA OLSEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Apr. (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Olsen	FULL MAIDEN NAME	Florence Landquist
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby, Ida

Filed Apr. 10 1915 Ray H. Fisher Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 29305

Date Filed June 22, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Aletha Olsen (Name on Original Certificate) who Born (Was Born or Died) on April 8, 1915 (Date of Event)
in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Issuing (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leatha	Aletha Olsen

Subscribed and sworn to before me this 22nd day of June, 1942

L. E. Johnston
Notary Public, residing at Glendale, California
My commission expires May 19, 1943
(Seal)

Signed Grace H. Adamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1001 W. San Fernando Blvd
Burbank, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1942

L. E. Johnston
Notary Public, residing at Glendale, California
My commission expires May 19, 1943
(Seal)

Signed L. Celine Adamson
(Signature of Any Credible Person Other Than Previous Year)
1001 W San Fernando Burbank Calif
(Street Address, City, State)

JUN 24 1942

JUN 26 1942

693-106-026-319

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 29306

Primary Registration District No. 2176 Registered No. 61

FULL NAME OF CHILD M. W. Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Apr. 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	La Verna Williams	FULL MAIDEN NAME	Elvina Carpenter
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Turner Kite

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rudy

Filed Apr. 10 1915 Ray H. Fishers Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-130-026-573

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29307

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 62

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Feb. 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adolph B. Hoffman	FULL MAIDEN NAME	Clara Ellsworth
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Spencer

Filed Apr. 10 1915 Roy H. Fisher Registrar

a.m.s.

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695.1071026.000

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Poplar

No. ..... St.

Hospital

Registration District No. 98

Primary Registration District No. 2176

File No. 29308

Registered No. 63

FULL NAME OF CHILD Stephen B. Winter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Apr. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Winter	FULL MAIDEN NAME	
RESIDENCE	Poplar	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby Ida

Filed Apr. 10 1915 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1941

AUG 19 1969

To mother

533.211.026-893

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29309

County of Jefferson

City of Rudy

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 64

Hospital

FULL NAME OF CHILD Moda Vienna Ellis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Feb. 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fredric G. Ellis	FULL MAIDEN NAME	Rachel Hill
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Purser Kite

(~~Physician~~ or midwife)

Given names added from a supplemental report

19

Registrar

Address Rudy,

Filed Apr. 10 1915 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

213-123-026-753

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 95

File No. 29310

Primary Registration District No. 2176

Registered No. 65

FULL NAME OF CHILD Jack Bates

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	✓		✓	Yes	Jan 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lea Bates	FULL MAIDEN NAME	Nettie Peterson
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher Registrar

A.M.P.

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1960

DECEASED

213-109-026-339

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 29311

Primary Registration District No. 2176 Registered No. 66

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Mch. 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orin Bates	FULL MAIDEN NAME	Nellie Clifford
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

*Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Apr. 10 1915 Roy H. Fisher A.M.P. Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-172-026-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29312

Primary Registration District No. 2176 Registered No. ~~38~~ 67

FULL NAME OF CHILD Merrill John Sharp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	yes	Mch 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. P. Sharp	FULL MAIDEN NAME	Mary E. Jones
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Apr. 10 1915 Ray H. Fisher Registrar
A.M.B.

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29312

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Merrill John Sharp

Subscribed and sworn to before me this 28th
day of April, 1944

Notary Public, residing at Caldwell, Idaho
My commission expires 4-10-46
(Seal)

Signed Wm. P. Sharp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

#1. Box 31. A Rigby Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of April, 1944.

Marie Markenwicke
Notary Public, residing at Caldwell, Idaho
My commission expires Oct. 14, 1947
(Seal)

Signed Minnie Sharp
(Signature of Any Credible Person Other Than Previous Year)

1303 Blaine St.
(Street Address, City, State)
Caldwell, Idaho

249-1161026-213

[redacted]

Form V. S. No. 11-C—Mor-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 29313

Primary Registration District No. 2176 Registered No. ~~39~~ 68

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Feb. 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Burwell	FULL MAIDEN NAME	Ollie Balmer
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Apr. 10 1915 Ray H. Bishop Registrar

A.M.B.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-215-026-212

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29314

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. ~~40~~ 69

FULL NAME OF CHILD Esther Lavon Fisher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Apr. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. L. Fisher	FULL MAIDEN NAME	Pearl Baker
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Apr. 10 1915 Ray H. Fisher Registrar

A.M.P.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1971

MARY D. HOLLADAY
NOTARY PUBLIC
SAN LUIS OBISPO COUNTY
CALIFORNIA
My commission expires February 26, 1972

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 23 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 29314
Date Filed Apr. 16, 1915
birth

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Unnamed Fisher (Name on Original Certificate) who was born (Was Born or Died) on Apr. 15, 1915 (Date of Event),
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Esther Lavon Fisher
Ester Lavon Fisher		

Subscribed and sworn to before me this 18th day of June, 1971

Notary Public, residing at Paso Robles, Ca.
My commission expires Feb. 26, 1972
(Seal)

Signed Martha Pearl Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/19/71 nm

Certificate of Blessing from LDS Church, Melba Ward, Rigby Stake No 56 gives name as Esther Lavon Fisher daughter of Alma F and Martha P. Baker. Born Apr. 15, 1915 at Annis, Idaho. Was Blessed March 4, 1917 by H. T. Moss. Signed by Thos. H. Clifford, Bishop and Wm. Johnson, Jr., Clerk. Viewed by V. S.

JUN 24 1971

Certificate of Baptism and Confirmation from LDS Church, Rigby 1st Ward, Rigby Stke No. 50 dated Dec. 16, 1936 gives name as Esther Lavon Crap[illegible] daughter of Alma Lehi Fisher and Martha Pearl Baker. Born April 15, 1915 at Annis, Idaho. Baptized Dec. 5, 1936 by Leo H. Campbell and Confmd. Dec. 6, 1936 by George A. Cordons. Signed by G. H. Hayes, Clerk and J. R. Sayers, Bishop. Viewed by V. S.

653-114-026-766

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29315

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. #70

FULL NAME OF CHILD Herbert Fell, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Feb. (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Fell	FULL MAIDEN NAME	Jennie Poole
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Apr. 10 1915 Ray H. Fisher Registrar

Registrar

S-Y CO. 84695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

133-207-040-556

PLACE OF BIRTH

Shoshone

City of Kellogg

No. ..... St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29316

Registration District No. 123 File No. 38

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Margaret Catherine Allen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	1st	yes	Apr. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer J. Allen	FULL MAIDEN NAME	Amelia Newman
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minnesota
OCCUPATION	Pool Billiard Keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Mowery

Physician (Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report

..... 19.....

Filed 4/12 1915 Geo. S. Lesher Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-111 040-054

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29317

Registration District No. 123 File No. 37

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Beulah Alice Fast

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—	—	—	Yes	4 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Fast	FULL MAIDEN NAME	Alice Semro
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn.
OCCUPATION	Teamster	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo S Lesher

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 4/12 1915 Geo. S Lesher
Registrar

S-Y CO. 24656

414-131-040-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29318

Registration District No. 123 File No. 25

Primary Registration District No. 2201 Registered No. ____

FULL NAME OF CHILD Matthew Mantz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Mar 31 1915

FATHER

FULL NAME Matt F. Mantz

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Austria

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Frances Uditz

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lyidoan

Physician (Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/9 1915 Geo. D. Lesher Registrar

S-Y CO. 20174

J12-221-040-391

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29319

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 36

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD — Mary Basket

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female		2	Yes	Mar (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed Basket	FULL MAIDEN NAME	Mabel Crawford
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Neb.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 4/3 1915 Geo S Lesher Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 21 1963

DEC 13 1960

865-103-040-416

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 123 File No. 17 29320

No. ....., ... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Edward Honey

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Mar. (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Edward Honey	FULL MAIDEN NAME	Jessie May Dawson
RESIDENCE	Wardner, Ida.	RESIDENCE	Wardner, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cornwall, England	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken

M.D. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida.

Filed 3/13 1915 Geo. S. Lesher Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

215-129040-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29321

Registration District No. 123 File No. 34

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Henry Savage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Mar 29 1913

FATHER		MOTHER	
FULL NAME	Henry S Savage	FULL MAIDEN NAME	Florence Lamb
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Del.	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Langdon

Physician (Physician or midwife)

Address Kellogg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/1 1913 Geo D Leaher Registrar

S-Y CO. 20174

NAME
CHANGE

SAVAGE

DUP. OF 15-296273

793 224 040-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29322

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123 File No. 33

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Mary Francis Pickolick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	3 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Pickolick	FULL MAIDEN NAME	Elizabeth Roabol
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was olive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo S Lasher
M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 3/25 1915 Geo. S Lasher
Registrar

Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357-2091040-859

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29323

County of Shoshone

City of Osburn

No. ..... St.

Hospital .....

Registration District No. 123 File No. 32

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Dorothy Rose LeGault

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	3 9 1915

FATHER		MOTHER	
FULL NAME	Hilaire Joseph LeGault	FULL MAIDEN NAME	Nancy Wright
RESIDENCE	Osburn	RESIDENCE	Osburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colo	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kellogg Ida

Filed 3/22 1915 Geo. S Lesher Registrar

S-Y CO. 20174

NOV 23 1942

FEB 26 1957

FEB 20 1975

653-117-040-468

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29324

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 31

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Patrick Herbert Metzgar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5	Yes	3 17 1915

FATHER		MOTHER	
FULL NAME	Chas Metzgar	FULL MAIDEN NAME	Fannie Doyle
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Ireland
OCCUPATION	Saloon Man	OCCUPATION	H. W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida.

Filed 3/22 1915 Geo. S Lesher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-216-040-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29325

Registration District No. 123 File No. 30

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Nellie Florence Reid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	3 16 1915

FATHER		MOTHER	
FULL NAME	Mc John Grover Reid	FULL MAIDEN NAME	Pyrene Holland
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Virginia	BIRTHPLACE	Georgia
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida.

Filed 3/22/ 1915 Geo. S. Lesher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 8 1943

DECEASED

249-228-040-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29326

Registration District No. 123 File No. 29

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Maxine Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	2-28 1915

FATHER		MOTHER	
FULL NAME	Calvin Smith	FULL MAIDEN NAME	Bertha Cleo Bonner
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg.

Filed 3/22 1915 Geo. S Lesher

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form E. S. No. 11-C—20m-5-15-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF

TH

443125 040-314

PLACE OF BIRTH

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29327

County of Ida Shoshone

City of Wardner

Registration District No. 123 File No. 28

No. St.

Primary Registration District No. 2201 Registered No.

Hospital

FULL NAME OF CHILD John Francis Elwin Mulcahy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	V	Yes	2 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dan Mulcahy	FULL MAIDEN NAME	Marika Lamb.
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W. AGE AT LAST BIRTHDAY 56 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa.
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Nelson M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Kellogg

Filed 3/22 1915 Geo S Lesher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942

386-221-040-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29330

Registration District No. 123 File No. 25

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Marion Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	2	Yes	1 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L. A. Thomas.	FULL MAIDEN NAME	Adeline Barkley.
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Wash.
OCCUPATION	School teacher	OCCUPATION	House

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 3/22 1915 Geo. S. Lasher

Registrar

Registrar

9-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1952

962.130-040-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-d-13

CERTIFICATE OF BIRTH

29331

Registration District No. 123 File No. 24

Primary Registration District No. 1201 Registered No. .....

FULL NAME OF CHILD Herman Rosenbaltz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Boy		5	Yes	1 30 1910

FATHER	MOTHER
FULL NAME Chas A Rosenbaltz	FULL MAIDEN NAME Lena Anderson.
RESIDENCE Wardner	RESIDENCE Wardner.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 33. (Years)
BIRTHPLACE Sweden	BIRTHPLACE Norway.
OCCUPATION Gl Carpenter	OCCUPATION H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10, P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kellogg

Filed 3/22 1910 Geo D Lesher

Registrar

S-Y CO. 24658

1915

1915-
Dup of 301183

168-205-040-751

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29332

Registration District No. 223 File No. 23

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Evelin Carrie Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	3 (To be answered only in event of plural births)	Yes	1 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest George Johnson	FULL MAIDEN NAME	Astrid Peterson
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Norway.
OCCUPATION	Mill Man	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 3/22 1915 Geo S Lesher

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713.106 c 040-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

29333

Registration District No. 173 File No. 72

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Ward Pack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M		10	Yes	1 6 191

FATHER		MOTHER	
FULL NAME	J. E. Pack	FULL MAIDEN NAME	Olive Shelton
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	[illegible]
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mearn M. D.

(Physician or midwife)

Address Kellogg.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/22 19 15 Geo. S Lesher Registrar

S-T CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413 [redacted] 030 652

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29336

County of Lemhi

City of 5 mile N. Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No. 121

Hospital

FULL NAME OF CHILD Eva May Malcolm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	March 5 1915

FATHER		MOTHER	
FULL NAME	Frank Malcolm	FULL MAIDEN NAME	Bertha Webb
RESIDENCE	25 miles So Salmon	RESIDENCE	25 mile So Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	W Virginia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 40 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Salmon Ida

Filed March 12 1915 Helen L. Smith

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Lemhi }

Certificate No. 29336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eva May McDonald (Name on Original Certificate) who was born (Was Born or Died) on March 5th, 1915 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on January 25, 1932. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Malcom	Malcolm

The correct name is Eva Mae Malcolm, but of late years she frequently spells her middle name "May".

Subscribed and sworn to before me this 11th
day of October, 19 43

F. A. McCabe

Notary Public, residing at Salmon, Idaho
My commission expires Nov. 30, 1946.
(Seal)

Signed Frank Malcolm Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of October, 19 43

F. A. McCabe

Notary Public, residing at Salmon, Idaho.
My commission expires Nov. 30, 1943
(Seal)

Signed Margaret L Tyeatt
(Signature of Any Credible Person Other Than Previous Year)
Salmon, Idaho
(Street Address, City, State)

OCT 14 1943

OCT 15 1943

613-104-030-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemli

City of Carmen

No. ..... St.

Hospital .....

Registration District No. 41 File No. 29337

Primary Registration District No. 2116 Registered No. 122

FULL NAME OF CHILD Stanley Slavin Walchli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Walchli	FULL MAIDEN NAME	Beatrice Slavin
RESIDENCE	Carmen, Ida.	RESIDENCE	Carmen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Salmon Idaho

Filed 3/15/15 19....

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M.

249.205-030-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Carmen Ck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 29338

Primary Registration District No. 2116 Registered No. 120

FULL NAME OF CHILD Clover Evangeline Smith

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 24 1915

FATHER

FULL NAME Jesse E Smith

RESIDENCE Carmen Ck Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marguerite Wittenburg

RESIDENCE Carmen Ck Ida

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Iowa

OCCUPATION Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Wright M.D

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

March 24 1915

Helen L. Smith Registrar

Filed March 27 1915 Helen L. Smith Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Amended 10-29-70
813-120-030-636

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of North Fork

No. ..... St.

Hospital .....

Registration District No. 41 File No. 29339

Primary Registration District No. 2116 Registered No. 119

FULL NAME OF CHILD Richard Joseph Hull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby (Month) 20th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas M Hull	FULL MAIDEN NAME	Olive Floor
RESIDENCE	North Fork Ida.	RESIDENCE	North Fork Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed March 12 1915 Helen L. Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 28 1970
Bureau of Vital Statistics

State of Idaho } ss.
County of Lemhi

Certificate No. 29339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Paul Joseph Hull (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1915 (Date of Event)
in North Fork, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Census report prepared on 1923 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Paul Joseph Hull	Richard Joseph Hull

Subscribed and sworn to before me this 17th day of July, 1970.

J. Frederick Hughes Snook
Notary Public, residing at Salmon, Idaho
My commission expires 12-1-71
(Seal)

Signed Helen M. Stone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon Idaho Box 847
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1970.

J. Frederick Hughes Snook
Notary Public, residing at Salmon, Idaho
My commission expires 12-1-71
(Seal)

Signed Mr. Francis E. Donlan
(Signature of Any Credible Person)

Box 817 Salmon, Idaho
(Street Address, City, State)

Sup. 83467

FORM DH 60-155 CL 6/10/70 nm

APR 17 1975

Child's Notification of Birth Registration from Helena, Montana, No. Boz 6118, gives childs name as Richard Jon Hull; Date of birth, January 2, 1943 at Bozeman; father, Richard Joseph Hull; and mother, Blanche Lykins. Viewed by V.S.

OCT 29 197

Atna Life Insurance Company policy gives the name of the insured employee as Richard Joseph Hull, dated April 20, 1944, certificate No. 7027. Employed with Northern Pacific Railway Company. Viewed by V.S.

366-212-030-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 29341

Primary Registration District No. 21[illegible] Registered No. 124

FULL NAME OF CHILD Edna Viola Cork.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	3 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Cork,	FULL MAIDEN NAME	Blanch McLaughlin
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Stratton, MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed 3/29/15 19.... Helen L. Smith

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 5/29/41. w.h.

DECLASSIFIED

712-215-030-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29342

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 125

FULL NAME OF CHILD Josephine Gable

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira A. Gable	FULL MAIDEN NAME	Grace Scofield
RESIDENCE	Carmen, Ida	RESIDENCE	Carmen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Watton, MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Ida

Filed 3/29/15 19..... Helen L. Smith Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

391-2191030-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 29343

Primary Registration District No. 2116 Registered No. 126

FULL NAME OF CHILD Helen Rose Crabtree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 15 1915

FATHER

FULL NAME Ellis E. Crabtree

RESIDENCE Salmon, Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Virginia

OCCUPATION Methodist Minister

MOTHER

FULL MAIDEN NAME Mabel Morgan

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Home work

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Mitchell

(Physician ~~or midwife~~)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 3/29/15 19..... Helen L. Smith Registrar

..... Registrar

S-Y CO. 24655

FEB 17 1959

445-224-030-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 29344

No. ..... St.

Primary Registration District No. 2116 Registered No. 128

Hospital

FULL NAME OF CHILD Lois Munkres.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	~~Fire~~	yes	2-24 1915

FATHER		MOTHER	
FULL NAME	Frank J. Munkres	FULL MAIDEN NAME	Leah Nichols
RESIDENCE	Carmen, Ida	RESIDENCE	Carmen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Five Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8. P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Ida

Filed 3/29/15 19..... Helen L. Smith

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1974

MAR 1 1 1943

419-208'030-239

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Bohannon Bar

Registration District No. 41 File No. 129 29345

No. _____ St.

Primary Registration District No. 2116 Registered No. 129

Hospital _____

FULL NAME OF CHILD Helen Beryl Marshall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Feb (Month) 8th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Marshall	FULL MAIDEN NAME	Amy Stine
RESIDENCE	Bohannon Bar	RESIDENCE	Bohannon Bar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Salmon Idaho

Filed April 5 1915 Helen L. Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/9/41 L. B.

435·220·030-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy

No. ..... St.

Hospital .....

Registration District No. 41 File No. 29346

Primary Registration District No. 2116 Registered No. 131

FULL NAME OF CHILD Barbara Claire McNicoll

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	3 26 1915

FATHER		MOTHER	
FULL NAME	Murdoch Milton McNicoll	FULL MAIDEN NAME	Claire Sharkey
RESIDENCE	Tendoy	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Salmon Ida

Filed 3/31/15 19..... Helen L. Smith

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1974

392-106-070-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 29347

Primary Registration District No. 2116 Registered No. 130

FULL NAME OF CHILD. William Charles Liskow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	3 6 1915

FATHER	MOTHER
FULL NAME Bernard H Liskow	FULL MAIDEN NAME Louise Smith
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION Sledge Supt.	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon, Ida

Given names added from a supplemental report

..... 19.....

Filed 9/31/15 19..... Allen L. Smith

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. II-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

714.2091 033.114

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital

Registration District No. 100 File No. 29348
Primary Registration District No. 2178 Registered No. 58

FULL NAME OF CHILD Marjorie Paul
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4-9-15

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: J. Leo Paul	FULL MAIDEN NAME: Isabella James
RESIDENCE: Rexburg, Idaho	RESIDENCE: Rexburg, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe
M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 4-10-15 G. G. Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

1-1-18

County of [redacted]

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29348

Primary Registration District No. 2128 Registered No. 58

FULL NAME OF CHILD Arthur Glenn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	4 9 1915

FATHER		MOTHER	
FULL NAME	J. Leo Paul	FULL MAIDEN NAME	Isabella James
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	COLOR	W
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Ut
		OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.50a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M d

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19...

..... Registrar

Filed 4-10 1915 G G Espe

Registrar

S-Y CO. 24655

[redacted]

[redacted]

AUG 29 1973

MAY 24 1973

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUL 31 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Davis } ss.

Certificate No. 29348

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~)
for Arthur Glenn Paul (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record Book (Family Record, Insurance Policy, Etc.) prepared on 9 Apr 1915 are: Certificate of Blessing Feb. 6, 1945 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Arthur Glenn	Marjorie Paul

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Isabell Paul
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
908-21 Street, Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 1956

Lester P. White
Notary Public, residing at Bountiful Utah
My commission expires October 16th 1957
(Seal)

Signed Lester Les Paul Jr.
(Signature of Any Credible Person)
1021-22nd - Ogden Utah
(Street Address, City, State)

FORM DPH 55. 155

1 cpy pd.

154.109.033.133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29349

Primary Registration District No. 2178 Registered No. 57

FULL NAME OF CHILD ~~Maurice Wayne~~ NEWELL ALLRED ANDERSON

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 4 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond A. Anderson	FULL MAIDEN NAME	Lissia Allred
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Sewing machine Agent	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4,50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-10 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 29549

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Maurice W. (Name on Original Certificate) who Born (Was Born or Died) on April 9, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 4, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Maurice W.	Newell Allred Anderson

Subscribed and sworn to before me this 15
day of July, 1942
Margaret Louise Rider
Notary Public, residing at Gardena, Calif.
My commission expires June 4th 1946
(Seal)

Signed Melissa Iona Allred Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
18605 S. Normandie Gardena
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of July, 1942
Margaret Louise Rider
Notary Public, residing at Gardena, Calif.
My commission expires June 4th 1946
(Seal)

Signed Raymond C. Anderson
(Signature of Any Credible Person Other Than Previous Year)
18605 So Normandie, Gardena, Cal.
(Street Address, City, State)

JUL 16 1942

JUL 20 1942

993.107.033.795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29350

Primary Registration District No. 2178 Registered No. 56

FULL NAME OF CHILD W. Lynn Ricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 7 1915

FATHER		MOTHER	
FULL NAME	Wilford Ricks	FULL MAIDEN NAME	Anna Bell Pincock
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mt	BIRTHPLACE	Ida
OCCUPATION	Attorney	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17-71

514-103-233-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29351

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 55

Hospital

FULL NAME OF CHILD Gordon Lamont Nadauld

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	4 3 191 5

FATHER		MOTHER	
FULL NAME	Geo Albert Nadauld	FULL MAIDEN NAME	Lillian Young
RESIDENCE	Rexburg Ida	RESIDENCE	
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G L Tespe

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4-8 19 15 G L Tespe
Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

JUL 28 1941

Certificate No. 2937
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gordon Lamont Nadauld (Birth or death) for (name not given) (Name on original certificate) who was born (Was born or died) on April 3, 1915 (Date of event) in Rexburg, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on his birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		
Gordon Lamont Nadauld	(Name not given on birth certificate)	

Subscribed and sworn to before me this 25th day of July, 1941

M. E. Lamont
Notary Public, residing at Rexburg, Idaho
My commission expires Feb 20, 1945
[SEAL]

Signed A. L. Nadauld
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

450 West Main, Rexburg, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 1941

M. E. Lamont
Notary Public, residing at Rexburg, Idaho
My commission expires Feb. 20, 1945
[SEAL]

Signed Mrs Thomas Cook
(Signature of any credible person other than the previous affiant)

23rd No. 4th West, Rexburg, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

455-201-033-253

PLACE OF BIRTH

Form V. S. No. ~~71-C-25m~~ 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 29352

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD Fay Bell Dennis

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Noah Dennis	FULL MAIDEN NAME	Harriett Adaline ~~Dollie~~ Bell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missoura	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 4-9 1915 G G Esp

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353849

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 1/3 yrs

3. RESIDENCE OF FATHER (city, state) Rexburg-Ida.

4. FULL NAME OF CHILD Fay Bell Dennis

5. Date of Birth of Child (Month, day, year) Apr. 1, 1915

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Noah Dennis
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Boynton (City or town) – Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Adaline Bell
17. Color or Race White **18.** Age at time of THIS birth 23 1/3 yrs
19. Birthplace Rexburg (City or town) – Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Mary Watts (First name), Midwife (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Adaline Bell Dennis Signature
258 J St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of August, 1942

(SEAL)

Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 19 1942 by Mark Felder Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-130-033-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29353

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 53

FULL NAME OF CHILD .....

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 3 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Barney	FULL MAIDEN NAME	Lillian Huntsman
RESIDENCE	Camas Ida	RESIDENCE	Camas
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1,50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10-27-60

PLACE OF BIRTH

866.22 8.022.514

County of Fremont

City of Teton

No. ..... St.

Hospital Eames Home

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 29354

Primary Registration District No. 2178 Registered No. 52

FULL NAME OF CHILD Vera Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	March 28, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Leo Orlando Howard	FULL MAIDEN NAME: Elnora Eames
RESIDENCE: Teton, Idaho	RESIDENCE: Teton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Wilford, Idaho	BIRTHPLACE: Teton, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mary Sorensen

Midwife
(Physician or midwife)

Address R.F.D. #1, Box 40 - Sugar, Ida.

Filed 4-1-1915 [redacted] G.G. Espe
Registrar.

L.D.S. Church Certificate of Baptism and Confirmation, gives full name of child as Vera Howard (Newbold, is married name), born March 28, 1915 at Teton City, Idaho to Leo Orlando Howard and Ella Eames - baptized on Aug. 2, 1924 and confirmed on Aug. 3, 1924 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Own Child's Birth Cert. on file, #214046 gives full maiden name of mother as Vera

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. - viewed by V.S.
County of Fremont

Certificate No. 29354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Neta E. Howard (Name on Original Certificate) who born (Was Born or Died) on March 28, 1915 (Date of Event)
in Teton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Neta E. Howard	Vera Howard

Subscribed and sworn to before me this 1st day of October 1958.

Notary Public, residing at St. Anthony, Idaho.
My commission expires January 6, 1959
(Seal)

Signed [redacted] Howard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Teton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of October 1958.

Notary Public, residing at St. Anthony, Idaho
My commission expires 1-1-59
(Seal)

Signed Austin Bigler
(Signature of Any Credible Person)

Teton, Idaho
(Street Address, City, State)

FORM DPH 35. 155

NNCL 3-13-58 1 copy paid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29354

County of Fremont

City of Teton

No. ....., ... St.

Hospital Eames Home

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 3

FULL NAME OF CHILD Neta E. Howard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Female		yes	March 28

FATHER		MOTHER	
FULL NAME	Leo Orlando Howard	FULL MAIDEN NAME	Elnora Eames
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wilford Idaho	BIRTHPLACE	Teton Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address R F D no 1 Box 40 Sugar

Filed 4-1 1915 G G Espe Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

OCT 27 1960
MAR 1 4 1975

249.129.033-095

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29355

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD ELMO RAYMOND SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	3 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Ray Smith	FULL MAIDEN NAME	Pauline Wieland
RESIDENCE	Lyman Ida	RESIDENCE	Lyman Ida
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.50 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 1 1951

993-12-033-195

PLACE OF BIRTH

[redacted]

County of Madison

City of Rexburg amend 12-15-81 Registration District No. 100 File No. 29356

No. ..... St. Primary Registration District No. 2178 Registered No. 30

Hospital .....

FULL NAME OF CHILD Lavere Arnold Ricks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 21 1935

FATHER

FULL NAME	Peter J. Ricks
RESIDENCE	Rexburg
COLOR	W
AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Emily Arnold
RESIDENCE	Rexburg
COLOR	W
AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida
OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Espe

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4-8 1935 G. L. Espe

S-Y CO. 24655 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1 2008

10-14-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss.

Certificate No. 29356
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ricks (Name on Original Certificate) who was born (Was Born, Died, etc.) on 3-21-15 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LaVere Arnold Ricks

Subscribed and sworn to before me this 20 day of November, 1981

Notary Public, Robert L DeBell
Residing at Rexburg
My commission expires 1-25-85
(Seal)

Lovell A. Ricks
Signature of Applicant

Rt 4 Box 174 Rexburg, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of November, 1981

Notary Public, Robert L DeBell
Residing at Rexburg
My commission expires 1-25-85
(Seal)

Jessie Arnold Moulton
Supporting Signature

Rt. 3 Box 428 - Rexburg, Idaho - 83440
Street Address, City, State
Phone 356-9463

2 cc pd

Cert of Ordination to a Minister of The Gospel State of Wisconsin gives Lavere Arnold Ricks was ordained on 1-22-37. Viewed by V.S.

DEC 15 1981

Application to The Beneficial Life Ins Co gives Lavere Arnold Ricks born in Rexburg in March of 1915. Application dated 11-8-30. Viewed by V.S.

296-121-033-213

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital Res

Form U. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29357

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 49

FULL NAME OF CHILD Marion Raymond Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 21 1915

FATHER		MOTHER	
FULL NAME	Marion W. Brown	FULL MAIDEN NAME	Rhoda Ethel Butler
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Idaho
		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address M. A. Watts

Filed Mar 19 15 Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

289-218-033-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29358

Primary Registration District No. 2178 Registered No. 48

FULL NAME OF CHILD Irene Shirley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	3 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Shirley	FULL MAIDEN NAME	Lettie Miller
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ga	BIRTHPLACE	Ut
OCCUPATION	Resturant-keeper	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1976

9/2/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 8 40 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of Madison.

Certificate No. 29358

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shirley (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1915 (Date of Event)
in Rexburg, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Census, Ins., etc. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 22, 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Irene Shirley

Subscribed and sworn to before me this 22nd day of September, 19 76.

Notary Public, residing at Rexburg, Idaho
My commission expires Life
(Seal)

Signed Irene Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

435 2nd W. Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Page from family Bible record gives name as Irene Shirley born Mar 18, 195 at Rexburg, Idaho. Blessed June 6, 1915. Baptized Aug 4, 1923. viewed by V. S.

OCT 12 1976

School Census Marshal's Report for September 1924 gives name as Irene Shirley father's b me as Fred Shirley and mother's name as Hattie Shirley. born 3/18/15. viewed by V. S.

845 TIYT 033.294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29359

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 47

FULL NAME OF CHILD HENRY LaVON HUNZIKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	3 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Hunziker	FULL MAIDEN NAME	Sarah Simmons
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Switz	BIRTHPLACE	Ut
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 750a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4-8 1915 G G Espe
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 29359

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Henry La Von Hunziker (Name on Original Certificate) who was born (Was Born or Died) on March 14th 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 29th 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Henry LaVon Hunziker

Subscribed and sworn to before me this 22nd
day of July, 1942
Jacob A. Parker
Notary Public, residing at Rexburg, Idaho.
My commission expires Aug. 6th 1943.
(Seal)

Signed E. G. Hunziker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thornton, Idaho. R. F. D. #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1942
Jacob A. Parker
Notary Public, residing at Rexburg, Idaho.
My commission expires Aug. 6th 1943.
(Seal)

Signed Wanda Lucile Hunziker
(Signature of Any Credible Person Other Than Previous Year)
462 So. 2nd W. Rexburg, Idaho.
(Street Address, City, State)

JUL 23 1942

JUL 24 1942

351.112.033.841

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Madison

City of Herbet

No. _____, _____ St.

Hospital _____

Registration District No. 100 File No. 29360

Primary Registration District No. 2178 Registered No. 46

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes.	Mar. 13, 1915

	FATHER		MOTHER
FULL NAME	Robert a Leathem	FULL MAIDEN NAME	alline quantrell
RESIDENCE	Herbet	RESIDENCE	Herbet
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	wells vile utah	BIRTHPLACE	Era Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive a six p.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret a Briggs
(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed 4-1 1915 GGE

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

245-228-233-102

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 29361

Primary Registration District No. 2178 Registered No. 45

FULL NAME OF CHILD Marguerite Sundberg

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard Milton Sundberg	FULL MAIDEN NAME	Hazel Austin
RESIDENCE	Rexburg, Idaho.	RESIDENCE	Rexburg, Idaho.
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Architect	OCCUPATION	H. D.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. C. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rexburg, Idaho.

Filed 4-2 1915 G. G. Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 31 12 00 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29361

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sundberg (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 28, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marguerite Sundberg

Subscribed and sworn to before me this 17th day of October, 197?

Notary Public, residing at Cedar City, Utah

My commission expires Mar. 24, 1973

(Seal)

Signed Hazel W Sundberg

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Iron }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 197?

Notary Public, residing at Cedar City, Utah

My commission expires ~~October~~ March 24, 1973

(Seal)

Signed Lollin D. Orton

(Signature of Any Credible Person)

Box 34 Paroan, Utah

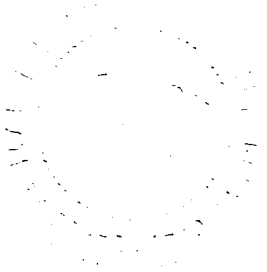
(Street Address, City, State)

FORM DH 60-155 CL 10/5/72

Certificate of Birth from LDS Church gives name as Marguierite Sundberg Orton. Date of birth Feb. 29, 1915. Place of birth: Rexburg, Idaho. Father's name Howard Milton Sundberg and mother's maiden name: Hazel Austin. Entered on record June 2, 1923. Viewed by V. S.

NOV 21 1972

Marriage License from Idaho gives groom's name as Lollin D. Orton and the birde's name as Marguerite Sundberg. Dated Aug. 27, 1938. Viewed by VS



815·109·033·289

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

File No. 29362

Primary Registration District No. 2178

Registered No. 44

FULL NAME OF CHILD ~~Shitomu~~ Tsutomu Hanami

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	2 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Shinshiro S Hanami	FULL MAIDEN NAME	Asa Shimachi
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laberor	OCCUPATION	Laberor

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-7 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

1 Photostat copy 12/11/41

1 Photostatic copy 3/20/42

Address _____

Filed 4-2 1915 G G Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942

DEC 11 1941

NOV 15 1960

236-212-033-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 29363

Primary Registration District No. 2178 Registered No. 43

FULL NAME OF CHILD Alta Mae Stoddard

Sex of Child 7	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Stoddard Jr	FULL MAIDEN NAME	Eunice May Beattie
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 10 1 43 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29363

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Doris Iona Stoddard (Name on Original Certificate), who was born (Was Born or Died) on March 12, 1915 (Date of Event)

in Roxburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Doris Iona Stoddard	Alta Mae Stoddard

Subscribed and sworn to before me this 10th day of June, 19 77

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed W. Warren Lowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1315 - No 23rd St. Boise, Ida 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

AUG 1 0 1989

Own childs birth certificate on file with Bureau of Vital Statistics gives name as Alta Mae Stoddard mother of Kristin Mechelle Low. Child born November 12, 1954, in Ada County. Certificate # 54-13958.
Viewed by V.S.

Church Record gives name as Alta Mae Stoddard, Blessed June 6, 1915, and Baptized June 2, 1923, in L.D.S.Church. Record was recorded June 23, 1935. This record also shows that Alta Mae Stoddard was married to V W. Dalling in December of 1935. (This record added later)
Viewed by V.s.

(Had never used the name of Doris and Blessing record showed at age one she was using Alta Mae)

693-212-033-16D

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29364

Primary Registration District No. 2178 Registered No. 42

FULL NAME OF CHILD Cleo Magdalin Williams

Sex of Child: 7	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: 3 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert J Williams	FULL MAIDEN NAME	Minnie L Johanson
RESIDENCE	Archer Ida	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	R.R. brakeman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-8 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 30 1968
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 29364

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Williams (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1915 (Date of Event)
in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Cleo Magdalin Williams

Subscribed and sworn to before me this 5 day of Jan, 19 68
La Monte Beaver
Notary Public, residing at Clerk Of The District Court
My commission expires elective
(Seal)

Signed Helen Crapo Eriksen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Parker Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of State
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Jan, 19 68.
La Monte Beaver
Notary Public, residing at Clerk Of The District Court
My commission expires elective
(Seal)

Signed Jesse O Jenkins
(Signature of Any Credible Person)
St. Anthony Idaho
(Street Address, City, State)

CL 12-28-67. nm

FORM DH 60. 155

Marriage Certificate, State of Utah, County of Cache, gives name of Groom as Fredrick Myron Crapo and name of Bride as Cleo Magdalin Williams, dated April 27, 1945 - viewed by V.S.

Diploma, The University of Idaho, gives name as Cleo Magdalin Williams, graduated June 3, 1935 - viewed by V.S.

295-109-022-847

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

293[redacted]

County of Fremont

City of Ilton

Registration District No. 100 File No.

No. St.

Hospital Henry Hughes Primary Registration District No. 2178 Registered No. 41

FULL NAME OF CHILD Jay Greene

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Male		yes	march 9 19

FATHER		MOTHER	
FULL NAME	Alphus A Greene	FULL MAIDEN NAME	Ruth Hughes
RESIDENCE	Roger Idaho	RESIDENCE	Roger Idaho
COLOR	White AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Mendon Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Sugar R F D no 1 Box 40

Filed 4-1 1915 G G Eske

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]

E OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 22 1979
Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 29365
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Delmo Greene (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 9, 1915 (Date of Event)
in Teton, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Delmo Greene	Jay Greene

Subscribed and sworn to before me this 18TH day of October, 1979.
Notary Public, William H. Miller
Residing at WILLIAM H. MILLER NOTARY PUBLIC RESIDING AT TWIN FALLS, IDAHO
My commission expires ~~MY COMMISSION EXPIRES APRIL 21, 1982~~
(Seal)

Jay Greene
Signature of Applicant
550 Madrona ST
Street Address, City, State
Twin Falls, Idaho 83301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 10/4/79 1cc pd.

Own child's birth certif on file in Idaho #56-6189 gives child'sname as Connie Ellen Greene born May 5, 1956 at Twin Falls, Idaho. Father's name as Jay Greene and mother's name as Donna Luella Baun. viewed by V. S.

Notice of Classification from the Draft Board gives nam e as Jay Greene dated Aug 11, 1942. order No. 1121. viewed by V. S.

JAN 10 1980

469-103-233966

PLACE OF BIRTH

[redacted] TE OF IDAHO
F VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital Rose

Registration District No. .....

File No. 29366

Primary Registration District No. .....

Registered No. 40

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				March 3 1915

FATHER		MOTHER	
FULL NAME	Henry Thomas	FULL MAIDEN NAME	Lucy Rock
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar. 19 15

..... Registrar

8-Y CO. 24655

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275·106 cc 39283

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital Res

Registration District No. .....

File No. 29367

Primary Registration District No. .....

Registered No. 39

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Feb (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Orson Spencer	FULL MAIDEN NAME	Annie Kyle
RESIDENCE	Hibbard	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ina G. Watts

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Filed Feb 19 15

..... Registrar

S-Y CO. 24655

..... Registrar

391-182-209.315

PLACE OF BIRTH

[redacted] IDAHO
BUR[redacted]L STATISTICS
[redacted]TH CATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Bonner

City of Priest River Ida Registration District No. 21 File No. 29368

No. St.

Primary Registration District No. 2155 Registered No. 28

Hospital Priest River Hospital

FULL NAME OF CHILD Robert James Croke

Sex of Child Male | Twin Triplet or other? Single (To be answered only in event of plural births) | and Number in order of birth First | Legitimate? Yes | Date of Birth Mch 2 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Charles Wm Croke

RESIDENCE Priest River, Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Photographer & Laborer

MOTHER

FULL MAIDEN NAME Daisy Beatrice Lansbury

RESIDENCE Priest River Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE London, Eng.

OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Mch 2, 1915 (Born alive or stillborn), at 5⁰⁰ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Didier M.D.

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed March 10 1915 E. D. McCarty Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236218 239-294

PLACE OF BIRTH

~~Form V. S.~~ No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29369

County of Bonner

City of Priest River

Registration District No. 81 File No. 1

No. ..... St.

Primary Registration District No. 2158 Registered No. 29

Hospital Priest River Hospital

FULL NAME OF CHILD JUANITA IVA Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		First	yes	Mch 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Scott	FULL MAIDEN NAME	Iva M Simmons
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	~~20~~ 16 yrs.
BIRTHPLACE	Memphis Tenn	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 18, 1915 at 2 30 a m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed ~~March~~ 25 1915 E L McCarty
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County of Marquette }

Certificate No. 29369

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Waunita Iva Scott (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 18 1915 (DATE OF EVENT)
in Priest River Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Waunita ~~Juanita~~	Juanita ~~Waunita~~ Iva Scott
Mother's age	20 yrs	16 yrs.

Subscribed and sworn to before me this 1st day of March, 1943

Notary Public, residing at Champion, Mich.

My commission expires July 17, 1943
(SEAL)

Signed Iva Marvil Scott
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

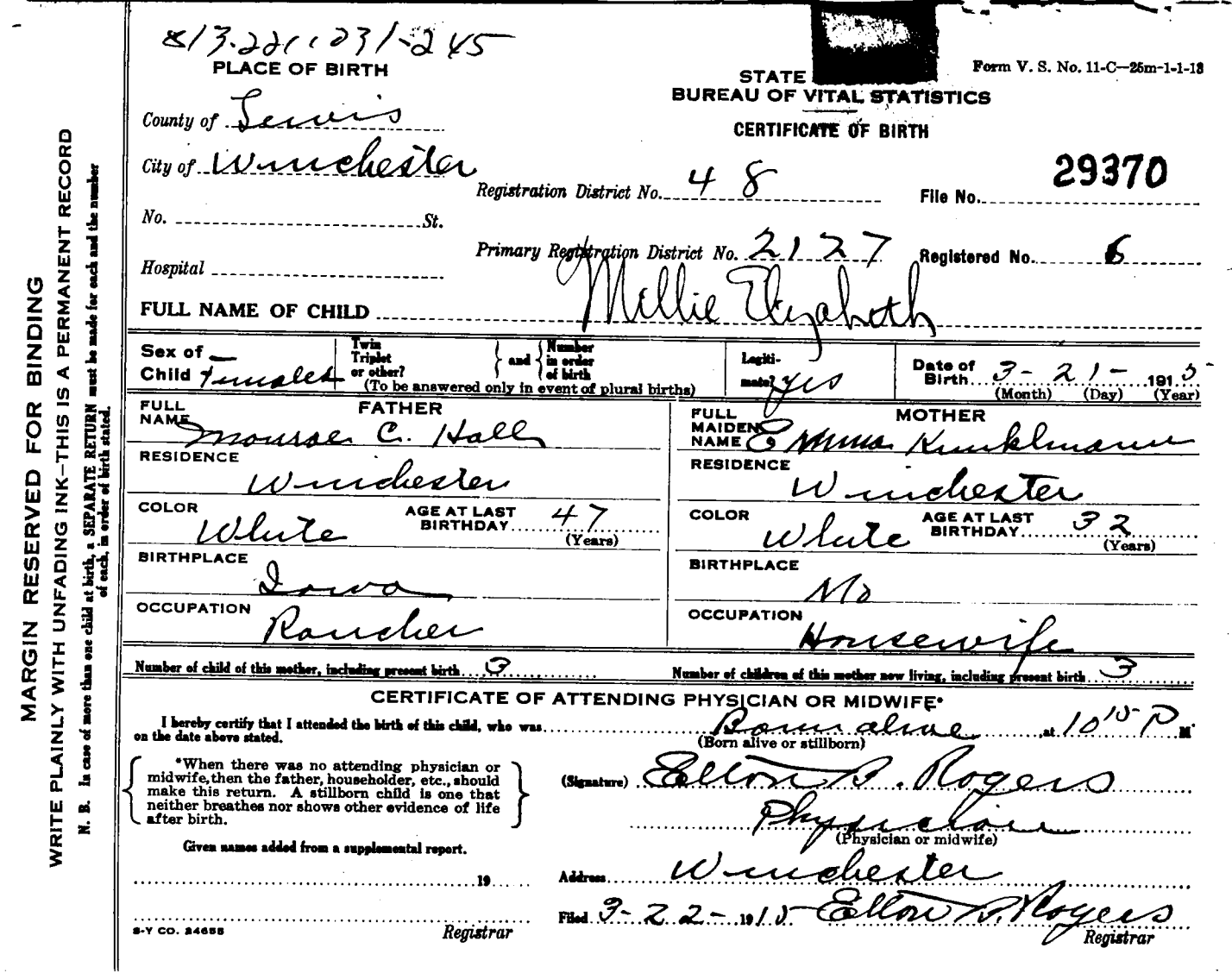
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 6 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813.221.031-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48

File No. 29370

No. ..... St.

Primary Registration District No. 2127

Registered No. 6

Hospital .....

FULL NAME OF CHILD Millie Elizabeth

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 3-21-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Monroe C. Hall	FULL MAIDEN NAME	Emma Kunklmann
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 3-22-1915 Elton B. Rogers
Registrar

Registrar

S-Y CO. 24655

DEC 17 1956

922-228 10 40-365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL S[redacted]
CERTIFICATE OF B[redacted]

V. S. No. 11-C—25m-1-1-18

County of Shoshone

City of Mace

No. — St.

Hospital —

Registration District No. 122 File No. 29371

Primary Registration District No. 2200 Registered No. 33

FULL NAME OF CHILD Elnora Jane Isbell

Sex of Child F	Twin Triplet or other? One and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dry Isbell	FULL MAIDEN NAME	Ilona Cauthy
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Mechician	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, inclu[redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at Ida on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed 3/30 1915 H. C. Mowery
Registrar

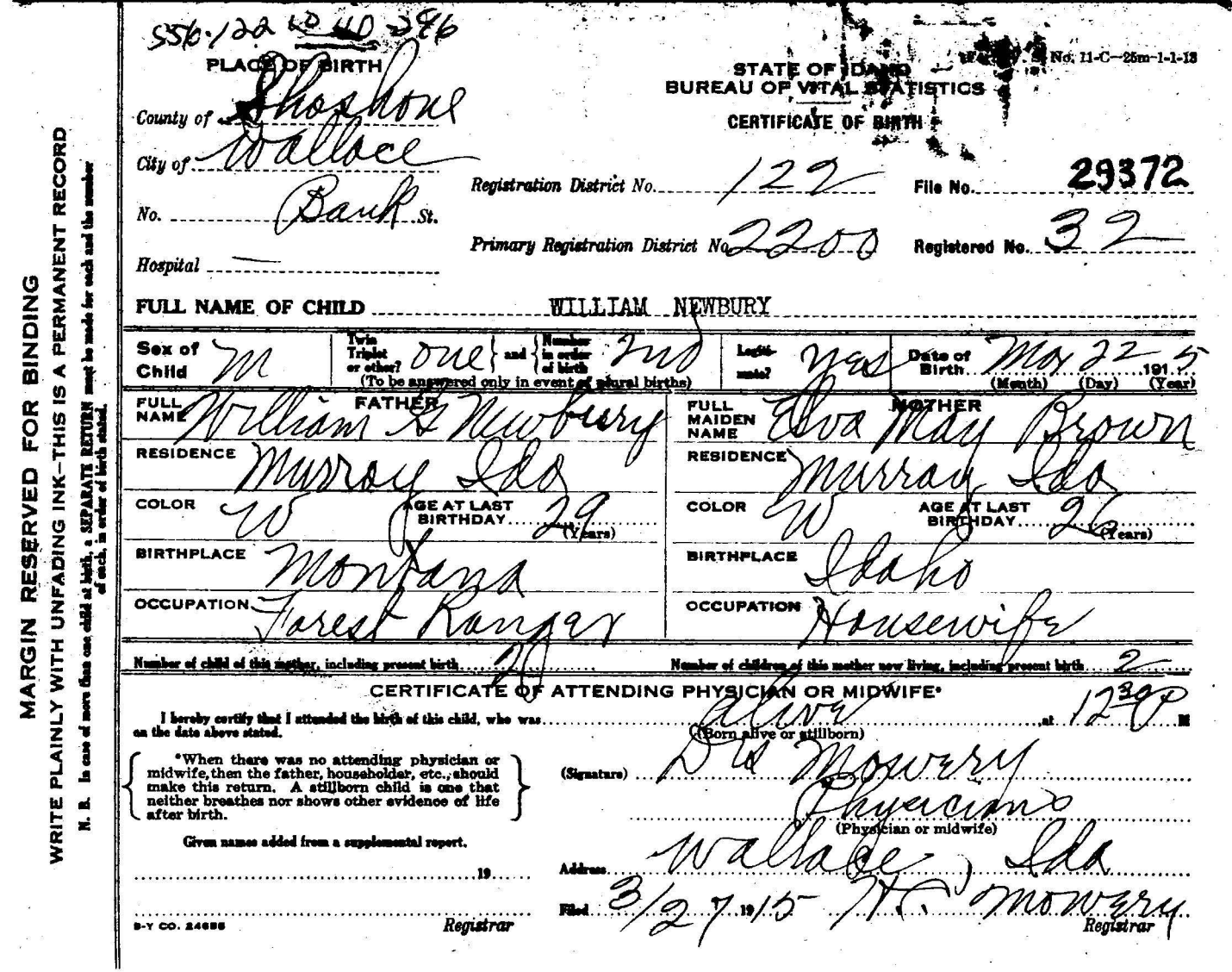
Registrar

S-Y CO. 24683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



556-122 LD 40 396

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Bank St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C—25m-1-1-13

Registration District No. 122 File No. 29372

Primary Registration District No. 2200 Registered No. 32

FULL NAME OF CHILD WILLIAM NEWBURY

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one	2nd	yes	Mar 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William G Newbury	FULL MAIDEN NAME	Elva May Brown
RESIDENCE	Murray Ida	RESIDENCE	Murray Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida

19

Filed 3/27 1915 H. C. Mowery
Registrar

Registrar

B-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Eureka }

Certificate No. 29372

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of William Newbury (Birth or death) for ..... (Name on original certificate) who was born on March 22, 1915 (Was born or died) (Date of event), in Wallace Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Dr. Chas. R. Mowry (Bible record, insurance policy, etc.) prepared on March 22, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Newberry	William Newbury
Surname of father ~~and child~~	Newberry	Newbury

William G. Newbury

Subscribed and sworn to before me this 25th day of October, 1941

Ethel B. Tyler

Notary Public, residing at Beowawe Nev.

My commission expires 1/21/45

[SEAL]

William Newbury

Signed Wm Newbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Beowawe Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Eureka }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1941

Ethel B. Tyler

Notary Public, residing at Beowawe, Nev.

My commission expires 1/21/1945

[SEAL]

Signed Vincent P. Newbury
(Signature of any credible person other than the previous affiant.)

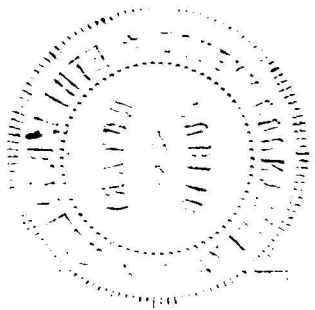
Beowawe, Nev.
(Street Address, City, State)

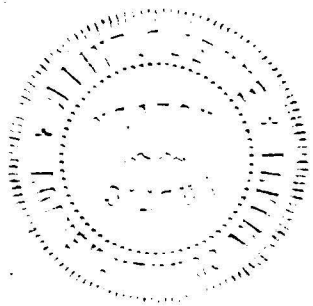
Received for filing on ..... By .....
(Registrar's signature)

32-41

JUN 6 1942

JUL 22 1952





Amended 4-18-57
PLACE OF BIRTH
651.21 C040-765

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Hospital .....

Registration District No. 122 File No. 29373
Primary Registration District No. 2200 Registered No. 31

FULL NAME OF CHILD Mary Margaret Featherstone
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 11, 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert H. Featherstone	FULL MAIDEN NAME	Grace Poe
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) H. C. Mowery
Physician
(Physician or midwife)
Address Wallace, Idaho

Filed March 21, 1915 H. C. Mowery
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 29373

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Featherstone (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1915 (Date of Event)
in Wallace (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible, Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on 3/11/95 ≠ 1/2/16 both viewed by V. S. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Mary Featherstone	Mary Margaret Feather-stone
Birthdate	March 18, 1915	March 11, 1915

Subscribed and sworn to before me this 4th day of April, 1957

Marguerite Johnson
Notary Public, residing at Wallace
My commission expires February 20, 1961
(Seal)

Signed Grace P. Featherstone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 First Street Wallace Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1957

Marguerite Johnson
Notary Public, residing at Wallace
My commission expires February 20, 1961
(Seal)

Signed Sarah Featherstone
(Signature of Any Credible Person)

412 First Street, Wallace, Idaho
(Street Address, City, State)

FORM DPH 55.155

cl 3-28-57 nm

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29373

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 31

FULL NAME OF CHILD Mary Featherstone

Sex of Child: F | Twin, Triplet or other? One | and Number in order of birth: 2 | Legitimate? Yes | Date of Birth: May 18 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Albert R. Featherstone	FULL MAIDEN NAME: Grace Poe
RESIDENCE: Wallace Ida	RESIDENCE: Wallace, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/24 1915 W. C. Mowery Registrar

S-Y CO. 24695

APR 9 1943

JAN 13 1950

432-471-040-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. 122 File No. 29374

Primary Registration District No. 2200 Registered No. 30

FULL NAME OF CHILD Margaret Grace McShane

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	one	3d	yes	Mar 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph McShane	FULL MAIDEN NAME	Grace McKelvey
RESIDENCE	Burke, Ida.	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 45 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Ida

Filed 3/21 1915 W. C. Mowery

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

794-116-040-458

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122 File No. 29375

No. ..... St.

Primary Registration District No. 2200 Registered No. 29

Hospital Providence

FULL NAME OF CHILD George Grünenwald

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	One	2d	yes	Mar 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Grünenwald	FULL MAIDEN NAME	Henrietta Meyer
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	N.Y.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed 3/21 1915 H F Mowery
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-116-040613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29376

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 28

FULL NAME OF CHILD Fred Michael Wiegele

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	3d	yes	Mar 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wiegele	FULL MAIDEN NAME	Agnes Tatzi
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Ida

Filed 3/21 1915 H. P. Mowery
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 27 9 16 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ore
County of Clackamas } ss.

Certificate No. 29376
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weigele (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar 16, 1915 (Date of Event)
in Gem, Idaho (Shoshone) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Fred MICHAEL Wiegele

Subscribed and sworn to before me this 30th day of March, 1977
Esther C Brady
Notary Public, residing at Molalla, Ore
My commission expires 11-30-80
(Seal)

Signed Jack W Weigele
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT 1, Box 125 Beaver Creek, ORe
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Clackamas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1977
Esther C Brady
Notary Public, residing at Molalla, Ore
My commission expires 11-30-80
(Seal)

Signed Bessie C Shaver
(Signature of Any Credible Person)
287 Metzler Molalla ORe
(Street Address, City, State)

FORM VH 60-165

CL 3/25/77 nm

Clerk's Annual Census Report gvies name as Fredie Wiegele, father's name as John Wiegele. child age six. for the Oct 25, 1921. viewed by V. S.

Social Security Card issued 1940, # 536 18 1077 gives name as Fred Mike Wiegele/ Viewed by V.S.

Record of Baptism gives name as Frederick Michael Wiegele was born on March 16, 1915 in the parish of St. Alphonsus in Wallace Idaho of John Wiegele and Agnes Wiegele and Baptized April 4, 1915.
Viewed by V.S.

234-108-040-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29377

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 27

FULL NAME OF CHILD Jesse Jr. JESSE EMERY STURGEON, JR.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	1st	yes	Mar 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse E. Sturgeon	FULL MAIDEN NAME	Lucy L. Warren
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Alabama
OCCUPATION	Typewriter Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 47 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida.

Filed 3/21 1915 H. S. Mowery

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

SEP 18 '42

Certificate No. 29377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Jesse Jr., (Name on Original Certificate) who born (Was Born or Died) on March 8, 1915 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Spokane, Wash., Press (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jesse, Jr.	Jesse Emery Sturgeon, Jr.
Mother's name	Lucy	Lucille Warren

Subscribed and sworn to before me this 16th day of September, 1942

Clyde E. Greenaugh

Notary Public, residing at Santa Monica, Calif.

My commission expires February 28, 1946

(Seal)

Signed Lucille Warren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

3209 Pico Blvd. Santa Monica, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 16th day of September, 1942

Clyde E. Greenaugh

Notary Public, residing at Santa Monica, Calif.

My commission expires February 28, 1946

(Seal)

Signed Mrs Vivienne Godfrey
(Signature of Any Credible Person Other Than Previous Year)

3240 Pico Blvd S.M. Santa Monica, California.
(Street Address, City, State)

SEP 18 1942

JUN 25 1943

252-227-040-135

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29378

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 26

FULL NAME OF CHILD Mary M. Sekulic

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	One	Y	3 27 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Sekulic	FULL MAIDEN NAME	Anka Ulesic
RESIDENCE	P Burke	RESIDENCE	P Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Wittman

(Physician or midwife)

Address P Burke Ida

Given names added from a supplemental report

..... 19.....

Filed March 28 1915 H. C. Mowery Registrar

..... Registrar

8-Y CO. 20174

JAN 2 1950

433.110.040.363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29379

County of Shoshone

City of Burke

No. ..... *St.*

Hospital .....

Registration District No. 122 **File No.** .....

Primary Registration District No. 2200 **Registered No.** 25

FULL NAME OF CHILD Michael John McLean

Sex of Child M	**Twin Triplet or other?** One **and** **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Y	**Date of Birth** 3 (Month) 10 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	William McLean	**FULL MAIDEN NAME**	Sarah Collins
RESIDENCE	Mace	**RESIDENCE**	Mace
COLOR	W **AGE AT LAST BIRTHDAY** 39 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 36 (Years)
BIRTHPLACE	Newfoundland	**BIRTHPLACE**	Newfoundland
OCCUPATION	Miner	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 6 **Number of children of this mother now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 10 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Burke Ida

Filed 3/22 1915 H. C. Mowery *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169.112.040.365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29380

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 24

FULL NAME OF CHILD John Joseph Morgan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One		Y	3 12 1915

FATHER		MOTHER	
FULL NAME	Joseph Morgan	FULL MAIDEN NAME	Julia Congdon
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	S. Dakota
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Va M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. A. Dittman
Physician
(Physician or midwife)

Address Burke Ida

Given names added from a supplemental report

..... 19.....

Filed 3/24 1915 K. C. Mowery
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163-109:040294

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital —

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29381

Registration District No. 122 File No. ____

Primary Registration District No. 2200 Registered No. 23

FULL NAME OF CHILD Jno Docket

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth
M	one	6th	yes	May 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. H. Docket	FULL MAIDEN NAME	Lily [redacted]
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mich
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr Howard

Physicians (Physician or midwife)

Address Wallace, Ida

Filed 3/15 1915 H. C. Howard Registrar

8-Y CO. 24698

553-2061010-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS [redacted]

C—25m-1-1-18

CERTIFICATE OF BIRTH

29383

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 65

FULL NAME OF CHILD MARGUERITE ANN NELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 6 1910

FATHER		MOTHER	
FULL NAME	Hyrum Nelson	FULL MAIDEN NAME	Flora B. Moore
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann Nelson (MW)

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Mar 11 1910 C. [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1986

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 1 1966 Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 29383

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Mar. 6, 1915 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CERT. NO. #219330 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
FULL NAME OF CHILD	"Unnamed"	Marguerite Ann Nelson

Subscribed and sworn to before me this 29th day of August, 1967

Notary Public, residing at Boise, Idaho
My commission expires 4-5-69
(Seal)

Signed Mrs. Flora B. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4 1842 Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

Certificate of Blessing gives name as Marguerite Ann Nelson daughter of Hyrum Nelson and Flora Bell Moore born Mar.6, 1915 at Idaho Falls, Idaho. Issued Feb. 21, 1960. Blessed April 4, 1915.
Viewed by V. S.

DEC 1 1966

Own childs birth certificate gives name of mother as Marguerite Ann Nelson mother of Dale Glenn Pickett born Feb. 16, 1934 at Idaho Falls, Idaho.
Certificate# 219330.
Viewed by V.S.

249-101-90-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29384

Primary Registration District No. 2100 Registered No. 66

FULL NAME OF CHILD Wyless Sweeny Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Lee Burke	FULL MAIDEN NAME	Sey Hauser
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Fountengreen
OCCUPATION	Coner Laborer	OCCUPATION	Nurscinfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 1 at 8 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Iona Bonneville Co, Idaho

Filed Nov 10 1915 [signature]
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1964

414-125-010-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 29385

Registered No. 67

FULL NAME OF CHILD Ray Madsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Feb 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles William Madsen	FULL MAIDEN NAME	Hazel A Croft
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Monroe Sevier Co,	BIRTHPLACE	Teton Emery Co,
OCCUPATION	Mecanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 25 at 15 to 17 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Iona Bonneville Co, Idaho

Filed Mar 15 1915 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

276.202.010-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 29386

Registered No. 68

FULL NAME OF CHILD ~~Beulah Klossner~~ WYDONA KLOSSNER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	March 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William W. Klossner KLOSSNER	FULL MAIDEN NAME	Beulah Ritchie
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ovid Utah	BIRTHPLACE	Iona Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 2 at 7 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Abstretier
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Boneville Co, Idaho

Filed Mar 15 1915 [illegible]
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 29386

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Beulah Klossner (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 2, 1915 (DATE OF EVENT)
in Iona, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname		Klossner
Name	Beulah	Wydona Klossner

Subscribed and sworn to before me this 28
day of January, 1943.

Notary Public, residing at Idaho Falls, Idaho.
My commission expires Feb. 3, 1944
(SEAL)

Signed [signature] (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
[illegible] Idaho Falls, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of January, 1943.

Notary Public, residing at Idaho Falls, Ida.
My commission expires Feb. 3, 1944
(SEAL)

Signed Beulah Klossner Love (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Parent
1025 Idaho Ave., Idaho Falls, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 7 1976

FEB 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

295216.010.369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29387

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 218-0 Registered No. 69

FULL NAME OF CHILD Verna Bingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Girl				yes	March 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. A Bingham	FULL MAIDEN NAME	Susan A Fords
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Pleasant Grove Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-25 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 22 1915

Registrar

8-Y CO. 24655

SEP 13 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS DEC 13 12 38 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29387

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Bingham, Unnamed (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 16, 1915 (Date of Event) in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 12-10-73 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Verna Bingham

Subscribed and sworn to before me this 10 day of Dec, 1973

[signature]

Notary Public, residing at Ogden

My commission expires July 9, 1975

(Seal)

Signed Flossie B Deem Sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

510 13th St

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Dec, 1973

[signature]

Notary Public, residing at Ogden

My commission expires July 9, 1975

(Seal)

Signed Conard Heiner

(Signature of Any Credible Person)

2491 So Hwy 89 Ogden Ut

(Street Address, City, State)

FORM DH 60-155 CL 9/13/73

Certificate of Blessing from LDS Church gives name as Verna Bingham daughter of Erastus Bingham and Susan A. Lords. born Mar. 16, 1915 and was Blessed May 2, 1915. Viewed by V. S.

JAN 2 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Verna Bingham duaghter of E. A. Bingham and Susan A. Lords. Born March 16, 1915 and Was Bpatized April 15, 1923. Viewed by V. S.

113-2061010-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 29388

No. ..... St.

Primary Registration District No. 2150 Registered No. 70

Hospital .....

FULL NAME OF CHILD Valeria Jackson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	2	2	Yes	Mch -6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lafayette Jackson	FULL MAIDEN NAME	Alvina Ellis
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Retired	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Mch - 6-1915 at 12 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed Apr 24 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1974

IDAHO DEPARTMENT OF HEAL[illegible]

BUREAU OF VITAL STATI[illegible]

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 17 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29388

Date Filed 74

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jackson (female) (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Valeria Jackson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
May, 1974.

E. B. Thompson
Notary Public, residing at Idaho Falls
My commission expires December 31, 1976
(Seal)

Signed Merlyn L. Thuppen
(Signature of Any Credible Person)

1926 12th Street Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4/23/74 lcc pd. rec. #6210

JUL 9 1974

Marriage License Affidavit gives groom's name as James B. Millard and the Bride's name as Valeria Jackson, dated March 4, 1933. Viewed by V. S.

Record of Blessing from LDS Church gives name as Valeria Cora Jackson Millard born Mar. 6, 1915 at Idaho Falls, Idaho. father's name given as LaFayette G. Jackson and mother's name as Sarah ElVina Ellis. Baptized March 8, 1925. viewed by V. S.

295-221-010-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29389

Primary Registration District No. 2150 Registered No. 71

FULL NAME OF CHILD Belva Kinghorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Mch 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Kinghorn	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Mch 21 1915 3:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida

Filed Mch 24 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 8 36 AM 75

State of ..... } ss.
County of ..... }

Certificate No. 29389

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kinghorn (Female) who was born on March 21, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed	Belva Kinghorn

Subscribed and sworn to before me this ..... day of
..... , 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
February, 1975

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at 540 Park ave Idaho Falls, Idaho
My commission expires Jan 1977
(Seal)

313 3rd St Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/9/73 RUSH nm ret'd $1 bill

APR 1 4 1975

Certificate of Blessing from LDS Church gives name as Belva Kinghorn daughter of Alack Kinghorn and Myrtle Walker. Born March 21, 1915. WasBlessed July 25, 1915. Viewed by V.s.

Marriage License and certificate State of Idaho, County of Jefferson Ryland T. Lufkin and Belva Kinghorn married March 3, 1934 by Bishop O. S. Cordon. Viewed by VS

913.222-do-795

Amended 8/5/77

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-1-1-16

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73

File No. 29390

No. ____ St.

Primary Registration District No. 2150

Registered No. 72

Hospital ____

FULL NAME OF CHILD Gwendolyn Della Raty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mch 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Raty	Nellie Pinney
RESIDENCE	Idaho Falls Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Mch - 22 1915 at 3 55 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Mar 24 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 20 12 45 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29390

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ratey (female) (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Ratey	Gwendolyn Della Raty
Father's name	Joseph Ratey	Joseph S Raty

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

OFFICIAL SEAL
LINDA E. BABBINO
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires Apr. 6, 1980

Signed Earl F. Hallford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

742 Haight Ave. Alameda Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
July, 1977.

Linda E. Babbino

Notary Public, residing at 1414 Lincoln St
My commission expires April 6, 1980
(Seal)

Signed X Cora A Hallford
(Signature of Any Credible Person)

742 Haight Ave Alameda Cal
(Street Address, City, State)

Certif of Baptism and Confirmation from the LDS Church gives name as Gwendolyn Raty daughter of Joseph Raty and Nettie Pinney. born Mar 22 1915 at Oswald Basin Idaho Baptized Jan 16 1927. viewed by VS

AUG 5 1977

Transcript from Vallejo Senior High school Vallejo Calif. gives name as Gwendolyn Della Raty boen Mar 22 1915 at Louisville Idaho. guardian's name as Mrs Joe Raty date entered Auf 1930. viewed by V. S.

Marriage license from Californi gives name as Gwendolyn Raty and Lander Mufich. dated June 20 1933 vieed by V. S.

386-223-010-895

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29391

County of Bonneville

City of Idaho Falls

No. 12th St.

Registration District No. 73

File No.

Primary Registration District No. 21[illegible]0

Registered No. 73

Hospital

FULL NAME OF CHILD Loeda Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David A Thomas	FULL MAIDEN NAME	Rose Hines
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wales, Utah	BIRTHPLACE	Blackfoot Ida
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed Mar 24 1915 [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-119-010-434

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29392

Primary Registration District No. 2150 Registered No. 74

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar. 19, 1915

FATHER		MOTHER	
FULL NAME	Christian Hansen	FULL MAIDEN NAME	Eva McMullen
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Mar 27 1915 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 309346

498-123-010-559

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 29393

No. _____ St.

Primary Registration District No. 2150 Registered No. 75

Hospital _____

FULL NAME OF CHILD Harold Dean

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: March 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Dryer	FULL MAIDEN NAME	Rosella Neilson
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ephraim Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — March 23-1915 at 8:00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodeguest M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Mar 27 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-214-010-218

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29394

County of Bonneville

City of Town Irwin Registration District No. 73 File No.

No. , St. Primary Registration District No. 2140 Registered No. 76

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 14th 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Hill	Mary Ellen Sayer
RESIDENCE	Irwin Idaho	Irwin Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	41
BIRTHPLACE	Utah	Roy Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth eight

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at one P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

, 19

Registrar

(Signature) Laura Weeks

Midwife (Physician or Midwife)

Address Irwin Ida.

Filed Mar 30 19 19 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-220-010-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29395

County of Bonneville

City of Ucon,

No. ..... St.

Hospital Residence.

Registration District No. 73

Primary Registration District No. 2140

File No. .....

Registered No. 77

FULL NAME OF CHILD Bernice Alta Jones.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female.			one.	Yes.	March 20 1915. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford G. Jones.	FULL MAIDEN NAME	Annie Jane Simmons
RESIDENCE	Ucon.	RESIDENCE	Ucon.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

Midwife (Physician or midwife)

Address Ucon Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Mar 30 1914 - [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1943

165·123·010·284

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29396

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Charles Jones	FULL MAIDEN NAME	Lidia Shurtliff
RESIDENCE	Idaho Falls 808 Eastern Ave	RESIDENCE	808 Eastern Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Downey Idaho
OCCUPATION	Apiarist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Jane Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Finlay Hospital 18th Blvd

Filed Nov 31 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-117010-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29397

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 79

FULL NAME OF CHILD Woodrow Finlay Lundburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nathan Orem Lundburg	FULL MAIDEN NAME	Hanna N Anderson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Jane Finlay
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Finlay Hospital 18 & Blvd.

Filed Mar 31 1915 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 190841

Z Handwriting

443-22-0010-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29398

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2010 Registered No. 40

Hospital

FULL NAME OF CHILD Evelyn Lynn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 27 1915

FATHER		MOTHER	
FULL NAME	Geo. R. Meek	FULL MAIDEN NAME	Zella Sage
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Mail Service	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - March 27-1915 at 11:00 AM
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

19

Registrar

Filed Mar 31 19 15

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MULL

Z NAME

1915—

Dup of De74-557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

Registration District No. 73

File No. 29399

No. ..... St.

Primary Registration District No. 2150

Registered No. 61

Hospital .....

FULL NAME OF CHILD Lucy May Rasmussen

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: March (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Henry Rasmussen	FULL MAIDEN NAME	Rose Smith
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Bonifull Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.15 a.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary A Godfrey

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Rgby Idaho R.D. 1 Box 60

Filed Apr 1 1915 [signature] Registrar

..... Registrar

S-Y CO. 24656

Certified Copy issued Jan. 29, 1941. E.W.

218-206-010-916

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

Primary Registration District No. 2150

File No. 29400

Registered No. F2

FULL NAME OF CHILD Blanche Hellen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas A Baylis	FULL MAIDEN NAME	Alice Maud Rawle
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bristol England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housing

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Simmons

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida.

Filed Apr 14 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1972

386-201 0075-112

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Nez Perce

City of Lapwai -

Registration District No. 97 File No. 29402

No. ..... St.

Primary Registration District No. 2174 Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Given -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	3 - 1 - 1915

FATHER		MOTHER	
FULL NAME	James Thomas	FULL MAIDEN NAME	Susie Gabeth
RESIDENCE	Lapwai -	RESIDENCE	Lapwai -
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho -
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Hubel M.D.

(Physician or midwife)

Address .....

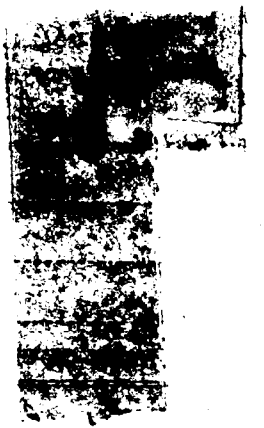
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3 - 31 1915 John H. Alley Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-206-035-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ney Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 29403

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Ester May Chittenden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	3 (Month) - 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Chittenden	FULL MAIDEN NAME	Martha Jennings
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H Habel Md.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 3-31 1915 John H Alley Registrar

S-Y CO. 20174

NOV 27 1974

DECEASED

796 - 07 W 35-853

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Waha -

No. _____ St.

Hospital _____

Registration District No. 97. File No. 29404

Primary Registration District No. 2174 Registered No. _____

FULL NAME OF CHILD Alice Pauline Provost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	3 - 7 - 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Provost	Vina Heatman.
RESIDENCE	Waha -	Waha -
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Iowa	Nebraska.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5 - Number of children of this mother now living, including present birth 5 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Habel MD

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 3/13 1915 John M. Alley Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 9 - 1975
Bureau of Vital Statistics

State of Idaho
County of Benewah } ss.

Certificate No. 29404

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Provost (female) (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1915 (Date of Event)
in Waho, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by neighbor ox Parents personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on 3-24-75 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Alice Pauline Provost

Subscribed and sworn to before me this 24th day of March, 1975

Ray A Beeuwkes
Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at St. Maries, Idaho
My commission expires My Commission expires Feb. 24, 1977
(Seal)

Signed John R. Miles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. New Meadows Idaho 83654
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Benewah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1975

Ray A Beeuwkes
Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at St. Maries, Idaho
My commission expires My Commission expires Feb. 24, 1977
(Seal)

Signed Gladys Miles
(Signature of Any Credible Person)

Star RT. New Meadows Idaho 83654
(Street Address, City, State)

FORM DH 60-155 CL 10/31/74

Own daughter's birth certif. on file in Idaho (#447856) gives name as Pauline Beth White born Dec. 27, 1947. father's nameas Daniel Frank White and the mother's name as Alice Pauline Provost. viewed y V. S.

APR 22 1975

Certif. of Baptism from St. Stanislaus,church, Lewiston, Idaho. Ra child's name given as Alice Pauline Provost child of William Provost and Vina Heckman.born March 7, 1915. Baptized July 11,1915. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-222-035-281

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Juvetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 29405

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Helen Lydia Shoemaker

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes.	3-22-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Shoemaker	FULL MAIDEN NAME	Grace Shangle
RESIDENCE	Juvetwater.	RESIDENCE	Juvetwater.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa.
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive. at 6.15 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) William F. Habel MD

(Physician or midwife)

Address Lapwai. Idaho.

Filed 3-31 1915 John H. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-124-0 35-284

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Lapwai

No. ..... St.

Hospital .....

Registration District No. 97 File No. 29406

Primary Registration District No. 2.74 Registered No. .....

FULL NAME OF CHILD ~~Joseph W. Lyle~~ PARKER ALLEY LYLE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	3 - 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William D Lyle	FULL MAIDEN NAME	Irene Symons
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	farmer & livery	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William ~~P H~~ Habel M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 3-31 1915 John H Alley Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 29406

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Joseph W. Lyle	Alley Parker Lyle

Subscribed and sworn to before me this 21
day of January, 19 42
Braxton L. Buckley
Notary Public, residing at Moscow Ida.
My commission expires Feb 4-1944
(SEAL)

Signed Irene E. Lyle
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
913 Seymur Street, Napa, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of January, 19 42
Braxton L. Buckley
Notary Public, residing at Moscow Idaho
My commission expires Feb 4-1944
(SEAL)

Signed Carl Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
405 College st.
(STREET ADDRESS, CITY, STATE)
Moscow Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 14 1943
NOV 30 1943
DEC 20 1943
FEB 22 1945

351-227-035-962

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29407

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Edna Loretta Leachman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 27th 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Leachman	FULL MAIDEN NAME	Anna Roscoe
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Adam Co. Ill	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Leachman (~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address ~~Lewiston~~ Sweetwater

Filed 3-31 1915 John H Alley Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1970

AUG 23 1971

742.131-035-745

Form V. S. No. 11—25m-1-1-13

PLACE ~~OF BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29408

County of Ney Perce

City of Webb.

No. ..... St.

Hospital .....

Registration District No. 97

File No. .....

Primary Registration District No. 2174

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ - CLARENCE ALPHEUS GUSTIN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	3 - 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfius - Gustin.	FULL MAIDEN NAME	Ida - Gunmere
RESIDENCE	Webb -	RESIDENCE	Webb -
COLOR	White. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Nebraska.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth -4-

Number of children of this mother now living, including present birth -4-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.00 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Habel M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Lapwai Idaho.

..... 19.....

Filed 3-31 1915 [signature] Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. JAN 19 1942 Certificate No. 29408
County of Garfield Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Clarence Alpheus gustin (Name on original certificate) who was born (Was born or died) on 3/31/1913. (Date of event)
in Webb Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on very soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gustin	Clarence Alpheus Gustin

Subscribed and sworn to before me this 16th day of January 1942., 19

A G Farley Court Commissioner
~~Notary~~ Public, residing at Pomeroy, Wash.
My commission expires Jany.1st.1942.
[SEAL]

Signed Mrs. Lela Briggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pomeroy Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Garfield

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th. day of January 1942., 19

A G Farley Court Commissioner
~~Notary Public~~, residing at Pomeroy, Washington.
My commission expires Jany.1st.1943
[SEAL]

Signed Mrs. Lela Briggs
(Signature of any credible person other than the previous affiant.)
Pomeroy Wash.
(Street Address, City, State)

Received for filing on JAN 19 1942 By
(Registrar's signature)

168. [redacted] X-566

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29409

County of Minidoka

City of Rupert, Registration District No. 19 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marjorie Fern Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 30 1910

	FATHER	MOTHER
FULL NAME	Wm Johnson	FULL MAIDEN NAME Maude L. Cook
RESIDENCE	Rupert	Rupert
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Utah	Penn.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Scott

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/1 1916 O. L. Scott Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 29109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for none given (Name on Original Certificate)
RECEIVED BUREAU OF VITAL STATISTICS
on Mch. 30, ~~191~~ 1918 (Date of Event)
in Rupert, Idaho, (Place of Event) (Was Born or Died)
are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared Soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Marjorie Lee Johnson

Subscribed and sworn to before me this 29
day of May, 1944.
Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1947.
(Seal)

Signed Mary L. Johnson Parent.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
224 First St. Rupert, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of May, 1944.
Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1947.
(Seal)

Signed William R Johnson
(Signature of Any Credible Person Other Than Previous Year)
224 First St., Rupert, Idaho.
(Street Address, City, State)

Marriage License issued 3/13/33 to Willard Peterson and Marjorie Fern Johnson
Viewed by V.S.

FEB 22 1977

Child's birth certificate Dated 3/21/34 shows mother's name as Marjorie Fern Johnson. viewed by V.S.

659.270-034.315

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No. ....., ... St.

Hospital .....

Registration District No. 19 File No. 29410

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Georgia Evelyn Fields

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Mch 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. C. Fields	FULL MAIDEN NAME	Cora Laud
RESIDENCE	Hazelton Idaho	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address Eden Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/1 1915 C. H. Scott Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-120-034-897

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 29411

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	III	Yes	Jan 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. C. Mitchell	FULL MAIDEN NAME	Anna Higgs
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wa Vig	BIRTHPLACE	Wales
OCCUPATION	Hardware Merch	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4/1 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-112-034-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequa

No. ..... St.

Hospital .....

Registration District No. 19 File No. 29412

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Corwin Ray McClellan

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	V (To be answered only in event of plural births)	Yes	Jan (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilford McClellan	FULL MAIDEN NAME	Clara Kingsford
RESIDENCE	Acequa	RESIDENCE	Acequa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4/1 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-210-034-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 29413

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Virginia Marie McPeak

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		III	yes	Mar (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Grover Cleveland McPeak	FULL MAIDEN NAME	Anna Walsh
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Wash
OCCUPATION	R.R. Agent.	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4/1 1915

S. Hopcott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1976

MAR 1 2 1971

AUG 2 4 [illegible]

368-123-034-349

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29414

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wayne Douglas Toyer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		V	Yes	May 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoy Toyer	FULL MAIDEN NAME	Louise Turner
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	County Treasurer	OCCUPATION	Housewife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 4/ 19 15 O. L. Scott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

691-114-016

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Jackson

No. ..... St.

Hospital .....

Registration District No. 19

File No. 29415

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lester Willard Franklin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	3 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L H Franklin	FULL MAIDEN NAME	Rozette Hunt
RESIDENCE	Jackson ~~Franklin~~	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	NC	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4/1 1915 P H Scott Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8 2 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29415

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Franklin (Name on Original Certificate) who was born (Was Born or Died) on Marc. 14, 1915 (Date of Event)
in Jackson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lester Willard Franklin

Subscribed and sworn to before me this 2nd day of August, 1973

Notary Public, residing at Emmett, Idaho

My commission expires 7-18-74

(Seal)

Signed Ruth C. Franklin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Bartender's Permit. Dept. of Law Enforcement No. 1740 State of Idaho
Expiration date April 16, 1957 gives name as Lester W. Franklin.
Viewed by VS

AUG 16 1973

Own Childs birth certificate Noel James Franklin born August 14, 1938
at Rupert, Idaho Idaho State File # 273026 gives fathers name as
Lester Willard Franklin.
Viewed by VS

655.224 p34 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 29416

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Erlene Gwendolyn Overlie

Sex of Child Girl

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ole Overlie	FULL MAIDEN NAME	Mae Ingalls
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Rupert

Filed 4/1 1915

C H Scott
Registrar

Registrar

8-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 12 1974
CERTIFICATE OF BIRTH

556230-034993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... *St.*

Hospital .....

Registration District No. 19

Primary Registration District No. .....

File No. 29417

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	3 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Earl Newell	FULL MAIDEN NAME	Laura Richen
RESIDENCE	Rupert 2	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Rupert Ida

Filed 4/1 1915 C H Scott Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1972

389-104-234-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29418

County of Minidoka

City of Rupert

No. ..... *St.*

Hospital .....

Registration District No. 19 **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Ronald Simpson Throckmorton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas R Throckmorton	FULL MAIDEN NAME	Hattie Decker
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed 4/1 1915 C H Scott

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda }

Certificate No. 29418

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Throckmorton (male child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 4, 1915 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ronald Simpson Throckmorton

Subscribed and sworn to before me this 23rd day of July, 19 64

Stanley J. Young
Notary Public, residing at 1703 Solano Ave., Berkeley
My commission expires Jan. 29, 1968
(Seal) Stanley J. Young

Signed Harriett Throckmorton Collins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
829 Carmel Ave, Albany, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 7-16-64. one copy pd. rec. #1331.
one copy pd. rec. #2191. total of 2 copies pd.

Photo Copy of Page from Family Record, Book, gives full name as James Reed Throckmorton, born Feb. 24, 1867 at Derby, Iowa married Hattie Decker, Sept. 12, 1895 - gives one child's full name as Ronald Simpson Throckmorton - viewed by V.S.

Notice of Classification, Selective Service, dated Feb. 14 1944 gives full name as Ronald Simpson Throckmorton - viewed by V.S.

SEP 2 1964

214-215-034-265

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29420

Registration District No. 19 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margarie Judeth Kaufman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			I	Yes	Feb (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Kaufman	FULL MAIDEN NAME	Lucile Bond
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Oregon.
OCCUPATION	Barber.	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Groom M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 3/1 1913 C. H. Scott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1974

231-118 034 317

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 29421

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ellis J. Stanley

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	V	Yes	Feb 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W. Stanley	FULL MAIDEN NAME	Winifred Tague
RESIDENCE	Rupert	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ainsworth Nebraska	BIRTHPLACE	Shelby Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth V

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Groom M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 3/1 1915

C. H. Scott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of birth, in order of birth stated.

DEC 9 1975

MAY 15 1944

391-124-034-248

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29422

County of Minidoka

City of Acequa

No. ..... *St.*

Hospital .....

Registration District No. 19

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD James Aloysisus Tracy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			III	Yes	Feb (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aloysius M. Tracy	FULL MAIDEN NAME	Mary Byrne
RESIDENCE	Acequa	RESIDENCE	Acequa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mont
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [signature]

Filed 3/1 1915 [signature] Scott

Registrar

Registrar

S-Y CO. 24655

735.105.034.363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29423

County of Minidoka

City of Minidoka

Registration District No. 19 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD James William Flendenning

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births) I	Yes	Feb 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Flendenning	FULL MAIDEN NAME	Elvia Cole
RESIDENCE	Minidoka Dam	RESIDENCE	Minidoka Dam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ill.
OCCUPATION	Boarding house prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert Ida.

Filed 3/1 1915 J. H. Scott

Registrar Registrar

S-Y CO. 24655

459-218-034-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 29424

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lillian Merrill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			X	Yes	Feb 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Merrill	FULL MAIDEN NAME	Eliza Lindsey
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth X

Number of children of this mother now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Scott M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 3/1 1915

A. Scott Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

841-1.9.034-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29425

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Pond Guarry

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	VI	yes	Feb 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. Haskel Guarry	FULL MAIDEN NAME	Mary Stearns
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Groom, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Rupert

Filed 3/1 1915 O. H. Scott
Registrar

Registrar

S-Y CO. 24655

265-720-034-[redacted]

PLACE OF B[redacted] OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

Registration District No 19 File No. 29426

No ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Allen Swenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 20, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lars Swenson	Christine Hansen
RESIDENCE	Eden Idaho	Eden Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	37
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. P. Scruggs M.D.

(Physician or Midwife)

Address Eden Idaho

Filed 3/1 1915 Robt L Scott Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 15 1945

289-112-034-134

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 29427

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Harvey Merit Shilling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	2 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. M. Shilling	FULL MAIDEN NAME	Etta Acuff
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	North Dak	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 2/15 1915

O H Scott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 7 1973

OCT 2 6 1973

685-213-074-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29428

County of Minidoka

City of Rupert

No. ..... *St.*

Hospital .....

Registration District No. 19 **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Dorothy Frances Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	2 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C M Wheeler	FULL MAIDEN NAME	Pearl Dickson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Rupert

Filed 2/10 1915 C L Scott *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Church Record, August 31, 1919 and Own Child's birth Cert. #403173. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Minidoka } ss.

Certificate No. 29428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on February 13, 1915 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Frances Wheeler

Subscribed and sworn to before me this 16 day of June 1958

Notary Public, residing at Rupert, Idaho
My commission expires Feb. 28, 1962
(Seal)

Signed Pearl Wheeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of June, 1958

Notary Public, residing at Rupert, Idaho
My commission expires Feb. 28, 1962
(Seal)

Signed Elsie D. Harris
(Signature of Any Credible Person)

Rupert, Idaho
(Street Address, City, State)

K FORM DPH 55-155 NNCL 6-12-58 one copy pd.

JUN 20 1958

399123-003-515

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 29429

No. ..... St.

Primary Registration District No. 2046 Registered No. 87

Hospital .....

FULL NAME OF CHILD Thos. Y. Criddle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	3 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Loran Criddle	FULL MAIDEN NAME	Mabel Van Leuven
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Saracuse Ut	BIRTHPLACE	Mapleton Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Downey Ida.

Eric Kacey
Registrar

Filed April 19 1915 Eric Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1974

985.116.003-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29430

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

Registration District No. 11 File No. _____

Primary Registration District No. 2048 Registered No. 86

FULL NAME OF CHILD Velton Earl Rynaston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		Yes	2 (Month) - 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Rynaston	FULL MAIDEN NAME	Stella Pearl Philips
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Bountiful Mute	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bancroft

Eric Kane Registrar

Filed Jul 19 1915 Eric Kane Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-108-003-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 29432

No. ..... St.

Primary Registration District No. 3046 Registered No. 84

Hospital .....

FULL NAME OF CHILD ~~Chas. Stewart~~ Stewart Charles Laurenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	2 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Laurenson	FULL MAIDEN NAME	Melba Bagley
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Murry Ut	BIRTHPLACE	Murry Ut
OCCUPATION	Sawyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kardy Registrar

Address Downey Ida

Filed April 19 1915 Eric Kardy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-220-003-316

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29433

County of Bannock

City of Downey

Registration District No. 11

File No.

No. St.

Primary Registration District No. 746

Registered No. 83

Hospital

FULL NAME OF CHILD Gayle Varrell Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	3 20 1915

FATHER		MOTHER	
FULL NAME	Tom O Thompson	FULL MAIDEN NAME	Ada Lawrence
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51.3	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Richmond Ub	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 11 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ward

(Physician or midwife)

Given names added from a supplemental report.

19

Eric Kasdy
Registrar

Address Downey, Ida

Filed April 19 1915 Eric Kasdy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 23 2 31 PM '74

State of IDAHO

County of Lemhi ss.

Certificate No. 29433

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Thompson, female (Name on Original Certificate) who was born (Was Born or Died) on Mar. 20, 1915 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record & marriage release (Bible Record, Insurance Policy, Etc.) prepared on 6/5/1915 & 11/5/1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gayle Varrell Thompson

Subscribed and sworn to before me this 21st day of May, 1974

Notary Public, residing at Salmon - Idaho

My commission expires 7/2/75

(Seal)

Signed Gayle I. Criddle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 581 - Salmon - Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho

County of Lemhi } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 1974

Notary Public, residing at Salmon Idaho

My commission expires 7/2/75

(Seal)

Signed Thomas G. Criddle

(Signature of Any Credible Person)

Box 581 Salmon Idaho

(Street Address, City, State)

FORM DH 60-155

CL 5/20/74 nm

Marriage License & Certif. from Idaho gives groom's name as Thomas Criddle and the bride's nameas Gayle Varell Thompson. dated Jan. 5, 1934. Viewed by V. S.

JUN 12 1974

Diploma from Downey High School Downey, Idaho gives child'sname as Gayle Varrell Thompson. dated May 25, 1933. viewed by V. S.

219226-003-942

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 29434

Primary Registration District No. 2046 Registered No. 82

FULL NAME OF CHILD Clara Isabelle Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	3 26 1915

FATHER		MOTHER	
FULL NAME	Jno Ray Barnes	FULL MAIDEN NAME	Ina Rumsey
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Malad, Ida
OCCUPATION	Farmer	OCCUPATION	Housefwife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kaney
Registrar

Address Downey Ida

Filed April 10 1915 Eric Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-127-003-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29435

County of Bannock

City of Downey

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 81

Hospital William

FULL NAME OF CHILD ~~Baby~~ Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	3 27 1915

FATHER		MOTHER	
FULL NAME	Wm Baker	FULL MAIDEN NAME	Kate Robinson
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Alma, Wyo	BIRTHPLACE	Dow Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Paul

(Physician or midwife)

Given names added from a supplemental report.

19

Eric Kardy Registrar

Address Downey Idaho

Filed April 19 1915 Eric Kardy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269.117.003-456

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE OF [redacted]

[redacted]n V. S. No. 11-C—25m-1-1-13

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

Primary Registration District No. 2046

File No. 29436

Registered No. 80

FULL NAME OF CHILD Jos Real Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	2 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jos A Sorenson	FULL MAIDEN NAME	Laura Dewey
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aln (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kasdy
Registrar

Address Downey Ida

Filed April 19 1915 Eric Kasdy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1957

413-106003-133

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

Primary Registration District No. 2046

File No. 29437

Registered No. 79

FULL NAME OF CHILD ~~Baby~~ Jane Matkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	3 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo L. Matkins	FULL MAIDEN NAME	Julia Allen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyde Park Ut	BIRTHPLACE	Afton Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 79 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kardy
Registrar

Address Downey Ida

Filed April 19 1915 Eric Kardy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79-128-003-867

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29438

County of Bannock

City of Chesterfield

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 78

Hospital

FULL NAME OF CHILD Gorge Alma Grant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		Yes	March 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J Grant	FULL MAIDEN NAME	Mirtle Ann Hogan
RESIDENCE	Hatch Ida	RESIDENCE	Hatch Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Chesterfield Ida	BIRTHPLACE	Chesterfield Ida
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Bennett

Eric Kaney Registrar

Filed Jul 19 1915 Eric Kaney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-118-003-985

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11

File No. 29440

Primary Registration District No. 2048

Registered No. 75

FULL NAME OF CHILD Fredrick Earl Case

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		Yes	Feb 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Earl Case	FULL MAIDEN NAME	Stella Pearl Runaston
RESIDENCE	Bancroft	RESIDENCE	Bancroft Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Vernal Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Salesman	OCCUPATION	house wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19 ...

Address Bancroft

Eric Karcey
Registrar

Filed Apl 19 1915

Eric Karcey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one [illegible] RETURN must be made for each and the number of [illegible] in order of birth stated.

FEB 28 1942

AGE AT LAST
BIRTHDAY
Years

OCCUPATION

COLOR

OCCUPATION

Amended 4/30/69

389223-603155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29441
Local Reg. No. 77
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Robin

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Robin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rhoda

b. (Middle):

c. (Last): Christensen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 23, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Alvin

b. (Middle): J.

c. (Last): Christensen

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Davis Co., Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Clara

b. (Middle):

c. (Last): Jenkins

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Robin, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. H. Cooper

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mc Cammon, Idaho

20. DATE SIGNED: April 19, 1915

21. DATE REC'D BY LOCAL REG.: April 19, 1915

22. REGISTRAR'S SIGNATURE: Eric Karely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
IVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 29 1969
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 29441

Date Filed

The undersigned does solemnly swear that certain items on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on January 23, 1915 (Date of Event)
in Robin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Birth Certificate Grade School Diploma prepared on May 11 1928 & April 2 1969 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add Child's name	unnamed Archie	Rhoda Christensen

Subscribed and sworn to before me this 28th day of April, 1969.

Notary Public residing at Salt Lake City Utah
My commission expires January 5, 1970
(Seal)

X Signed J. A. Robinson Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1969.

Notary Public, residing at Salt Lake City, Utah
My commission expires January 5, 1970
(Seal)

Signed Farley P Hall
(Signature of Any Credible Person)

2516 Downington Ave., S.L.C. Utah
(Street Address, City, State)

FORM DH 60-155 CL 3/27/69 1cc pd. Rec #. 10430

Birth record from Church of Jesus Christ of Latter-day Saints gives name as Rhoda Christensen Born January 23, 1915. In Robin, Idaho to A. J. Christensen and Clara Jenkins. Dated March 7, 1915. Viewed by V. S.

High School Diploma gives name as Rhoda Christensen. Diploma from State of Idaho. Dated May 11, 1928 signed by Nora A. Boyum. Viewd by Vital Statistics.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29441

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 77

FULL NAME OF CHILD Archie Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alvin J. Christensen	FULL MAIDEN NAME	Ella Jenkins
RESIDENCE	Robin, Ida	RESIDENCE	Robin, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Dixie Co. Utah	BIRTHPLACE	Robin, Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kaely Registrar

Address McCammon, Ida

Filed April 19 1915 Eric Kaely Registrar

S-Y CO. 24655

APR 3 0 1969

316-226-003-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 29442

No. ..... St.

Primary Registration District No. 2047 Registered No. 76

Hospital .....

FULL NAME OF CHILD Mary - Lawarence -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	3 - 26 - 1915

FATHER		MOTHER	
FULL NAME	Robt Lawarence	FULL MAIDEN NAME	Christena Gerrard
RESIDENCE	Robin, Ida.	RESIDENCE	Robin, Ida
COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W- AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Wales, England	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Ida

Eric Kelly Registrar

Filed Feb 10, 1915 Eric Kelly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1975

412-111-003-299

Amended 2/4/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29443
Local Reg. No.
Reg. Dist. No. 11

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) James b. (Middle) William c. (Last) Mabey

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Mar. 11, 1915

FATHER OF CHILD

7. FULL NAME: a. (First) W. b. (Middle) A. c. (Last) Mabey

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Woodruff, Utah	Sheepman	

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Nan b. (Middle) L. c. (Last) Briskey

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Alabama	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Alice Aston

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Bancroft

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jul 19, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 3 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 29 11 06 AM '76

State of ..... } ss.
County of .....

Certificate No. 29443

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William A. Maby (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1915 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	William A. Maby	James William Mabey
father's last name	Maby	Mabey
mother's middle & last name	Keith Brisky	Lou Briskey

Subscribed and sworn to before me this 15 day of January, 19 76.

J. Christiana Hatch
Notary Public, residing at Bancroft, Idaho
My commission expires Nov 1, 1976
(Seal)

Signed Nettie Cranes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of January, 19 76.

.....
Notary Public, residing at Bancroft, Idaho
My commission expires Nov 1, 1976
(Seal)

Signed J. L. Hatch
(Signature of Any Credible Person)

Bancroft, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 12/17/75

Marriage certificate gives names as William A. Mabey and Nannie L. Briskey. dat d Oct 8, 1912. (Keith Briskey is mother's maiden name and the bride's name .

Bible record show nameas James William Mabey born Mar 11, 1915 in Pebble, Idaho. viewed by V. S.

Application to Kansas City Life Ins. Co. gives name as James W. Mabey born Mar 12, 1915.dated Jan 15, 1925or 1935 the copy is not too clear. viewed by V. S.

brother's birth certif on file in Idaho gives nameas Ralf Roger Mabey born Oct 13, 1919 gives father's name as William A. Mabey and mother's name as Nannie Lue Briskey. file nO. 378899.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29443

PLACE OF BIRTH

County of Bancroft

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 73

FULL NAME OF CHILD William A Maby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
NB		Yes	March 1915

FATHER		MOTHER	
FULL NAME	W A Maby	FULL MAIDEN NAME	Mary Keith Brisby
RESIDENCE	Pebble Idaho	RESIDENCE	Bancroft Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Woodruff Wate	BIRTHPLACE	Alabama
OCCUPATION	Sheep Man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed Jul 19 1915 Eric Kasey Registrar

Eric Kasey Registrar

S-Y CO. 24655

DEC
FEB 4 1976

955·201·009-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Sida Springs

No. _____ St.

Hospital _____

Registration District No. 11 File No. 29444

Primary Registration District No. 2048 Registered No. 72

FULL NAME OF CHILD Inez Pearl Reece

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leander Reece	FULL MAIDEN NAME	Tina Jensen
RESIDENCE	Wayne	RESIDENCE	Wayne
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Occup

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Ellis Kackley
Registrar

Address Sida Springs

Filed April 10 1915 Ellis Kackley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/9/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 11 3 26 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 20444

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Cena Reece (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1915 (Date of Event)

in Soda Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Cena Reese	Inez Pearl Reese

Subscribed and sworn to before me this 11 day of May, 1977.

J. Kevin Colman

Notary Public, residing at Boise, Idaho

My commission expires April 28, 1978

(Seal)

Signed Golden E. Reese

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2617 N. 30 St Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

Signed .....

(Signature of Any Credible Person)

Public School Diploma issued by Caribou County Superintendent of Public Instruction gives name as Inez Pearl Reese. Graduated May 16, 1930 Ida Stone, County Supt.
Viewed by V.S.

Own childs birth certificate on file with Bureau of Vital Statistics, Boise, Idaho gives name as Inez Pearl Reese mother of John L. Hirsbrunner. Child born April 20, 1937 in Gannet, Idaho. # 253735
Viewed by V.S.

813-106-003-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29445

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 71

FULL NAME OF CHILD Joseph Porly Lewis Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Warren L Hall	FULL MAIDEN NAME	Clara Elmina Lewis
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

(~~Physician~~ or midwife)

Address McCammon Idaho

Given names added from a supplemental report

..... 19.....

Eric Kanly Registrar

Filed April 19 1915 Eric Kanly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-4-111-003-364

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 29446

Primary Registration District No. 2048 Registered No. 70

FULL NAME OF CHILD John Keene Dimick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)		—	ya	Jan. 11 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Ephram John Dimick	FULL MAIDEN NAME	Anna Lou
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Bear Lake Ida	BIRTHPLACE	Logan Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 9 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed April 10, 1915 Eric Kardy Registrar

Eric Kardy Registrar

8-Y CO. 24655

MARGIN [redacted] FOR BINDING

WRITE PLAINLY WITH UNFA[redacted] INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1961
MAY 13 1964

GENERAL

215-120-003-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

Registration District No. 11 File No. 29447

Primary Registration District No. 2048 Registered No. 69

FULL NAME OF CHILD William Edwin Banks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	March 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. Albert Banks	FULL MAIDEN NAME	Nellie Fowler
RESIDENCE	Alexander Ida	RESIDENCE	Alexander Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spanish Fork, Utah Co, Utah	BIRTHPLACE	Lago, Bannock Co, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Theobe Gummersall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Ida

Eliz Kacey Registrar

Filed Apr 10 1915 Eliz Kacey Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-131-042-766

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 38

Primary Registration District No. 2086

File No. 29448

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3 31 1915

FATHER		MOTHER	
FULL NAME	Hershel Malone	FULL MAIDEN NAME	Leatha Poole
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	So Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3:15 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. A A Newberry
(Physician or midwife)

Address _____

_____ 19____

_____ Registrar

Filed April 19 15 A A Newberry
Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

MAR 1 4 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-202-042-551

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 29449

Registered No. .....

FULL NAME OF CHILD Harriet Ann Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Young	FULL MAIDEN NAME	Bertha Evans
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Escalanta Utah	BIRTHPLACE	Rock Creek Basin Mont
OCCUPATION	Farmer	OCCUPATION	~~Farmer~~ Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

..... (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3/10 1915 A A Newberry Registrar

..... Registrar

S-Y CO. 20174

FEB 8 1943

954 120 042 255

PLACE OF BIRTH Amended 8/1/79

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29451

County of Twin Falls

City of ~~Hansen~~ Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD George Ronald Redman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	~~X~~	Yes	Jan (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David F Redman	FULL MAIDEN NAME	Mary E Berry
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Job Boyd

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed April 1 1915

Johnt Coughlin
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
NOV 17 12 34 PM '78
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29451

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Redman (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1915 (Date of Event)
in Twin Falls, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	George Ronald Redman
date of birth	Jan. 19, 1915	Jan 20, 1915

Subscribed and sworn to before me this 29th day of Aug. 1978

Sandra K. Elliott

Notary Public, residing at Stanislaus County

My commission expires June 13, 1980

(Seal) see reverse

Signed George Ronald Redman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9043 N. Hilreth - Stockton - CA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Stanislaus }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of Aug. 1978

Sandra K. Elliott

Notary Public, residing at Stanislaus County

My commission expires June 13, 1980

(Seal) see reverse

Signed Dorothy Mae Kidd
(Signature of Any Credible Person)

2709 Westchester Ln. Modesto, Ca. 95350
(Street Address, City, State)

FORM DN 60-155

CL 8/18/78

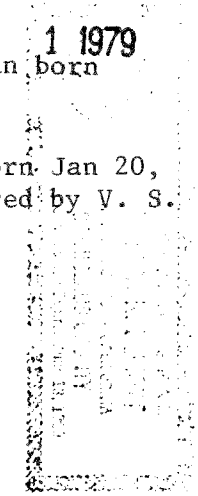
Certif of Marrige from Nevada gives names as George Ronald Redman and Bette Helene Turner. dated June 21, 1941. viewed by V. S.

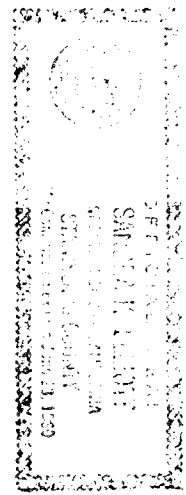
AUG 1 1979

Transcript from Fresno State College gives nameas G. Ronald Redman born Jan 20, 1915. dated May 11, 1951. viewed by V. S.

Honorable Discharge from US Army gives nameas George R. Redman born Jan 20, 1915 at Twin Falls, Idaho. date of Separation Oct 26, 1945. viewed by V. S.

MAY 18 1988





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-224-042-693

PLACE OF BIRTH

Form V. S. No. 11C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 29452

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Velva June Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alva A. Davis	FULL MAIDEN NAME	Lula Wilson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed April 19 15 John L. Coughlin
Registrar

Registrar

S-Y CO. 24655

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D.C. 20233

STATE OF IDAHO)
) ss.
County of Twin Falls)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. That he is a brother of Velva June Davis, referred to in the affidavit above and a brother also of Nellie Dancil Connerly, the above affiant. That my birth date is October 5, 1905 and I know of my own knowledge that Velva June Davis was named such by our parents and that she was born at home on the 24th day of January, 1915.

Milo B. Davis

Subscribed and sworn to before me this 13th day of March, 1962.

D. M. Hungerford

Notary Public for Idaho

Residing at Buhl, Idaho

Own Child's Birth Cert. on file: (Idaho) #326503 gives full maiden name of mother as Velva June Davis - viewed by V.S.

official Photo Copy of Grade Transcript, The College of Idaho, Caldwell, Idaho - gives full name of student as Velva June Davis, born Jan. 24, 1915 at Twin Falls, Idaho; parent's name is given as A.A. Davis - Bachelor of Arts Degree Granted August 10, 1953 - grade transcript issued May 12, 1954 - viewed by V.S.

STATE OF IDAHO)
) AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH
County of Twin Falls)

Nellie Dancil Connerly being first duly sworn on oath deposes and says:

That she was born on the 9th day of April, 1899; that she is a sister of Velva June McClure who was born Velva June Davis on the 24th day of January, 1915 at Twin Falls, Idaho; that she was present at the time of the birth of Velva June Davis and knows of her own personal knowledge that the child was born on January 24, 1915 and whose parents were Alva A. Davis and Lulu Grace Davis. That the records of the Bureau of Vital Statistics of the State of Idaho show Velva June Davis to have been unnamed. That this affidavit is made for the purpose of correcting the mistake and certifying to the effect that said child's name was given as Velva June Davis.

Nellie Dancil Connerly
Name

Twin Falls, Idaho
Address

Subscribed and sworn to before me this 15th day of March, 1962.

Notary Public for Idaho

Residing at Buhl, Idaho

My Commission expires:

_____

LAW OFFICES
HEPWORTH AND NUNGESTER
BUHL, IDAHO

MAR 1952

197-127-042-000

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29453

County of Twin Falls

City of ~~Twin Falls~~ Hansen

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of Birth
Boy	Twin	~~1st~~ 2nd	yes	Jan (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James S. Argo	FULL MAIDEN NAME	
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Monroeville, Ind.	BIRTHPLACE	Denver, Colo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 1/27/15 at [illegible] M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed Apr 1 1915 John I. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Pd 35 - 00 for eng

[illegible] gives Mother M.M. (TWIN) WRONG BIRTH DATE + PLACE

197.228.042-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ~~Hansen~~ Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 1-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 2085

29454

File No. .....

Registered No. .....

FULL NAME OF CHILD ROSE MAY ARGO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	Twin	1st	yes	Jan. 28th 1915

FATHER		MOTHER	
FULL NAME	James S. Argo	FULL MAIDEN NAME	Kate Parpalione
RESIDENCE	R. 2, Twin Falls ~~Hansen~~ Idaho	RESIDENCE	R. 2, Twin Falls ~~Hansen~~, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Monroeville, Ind.	BIRTHPLACE	Georgetown ~~Hansen~~ Colo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 1/27/15 at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 1, 1915 John L. Coughlin
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

MAY 24 1943

Certificate No. 29454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Rose May Argo (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan. 28, 1915 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Place of birth	Hansen	Twin Falls, Idaho
Parents' residence	Hansen	R. #2, Twin Falls, Idaho
Mother's birthplace	Denver	Georgetown, Colo.

Subscribed and sworn to before me this 20
day of May, 19 43
Edith L. Smith
Notary Public, residing at Lomita, Calif.
My commission expires Nov. 18-1944
(SEAL)

Signed Kate Argo
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
26011 Eshelman Ave Lomita Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of May, 19 43
Edith L. Smith
Notary Public, residing at Lomita, Calif.
My commission expires Nov. 18-1944
(SEAL)

Signed Edwin R Logan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
26011 Eshelman Ave Lomita
(STREET ADDRESS, CITY, STATE)
California

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 27 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 29454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan. 27, 1915 (DATE OF EVENT) in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Rose May Argo
Birthdate	Jan. 27, 1915	Jan. 28, 1915

Subscribed and sworn to before me this 20 day of January, 1943

Notary Public, residing at Lomita Calif

My commission expires Nov. 18-1944

(SEAL)

Signed Kate Argo

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

26611 Eshelman Ave Lomita Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1943

Notary Public, residing at Lomita

My commission expires Nov. 18-1944

(SEAL)

Signed Edwin R Logan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

26011 Eshelman Ave Lomita Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 2 8 1943

349.117.042-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 37

File No. 29456

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Benjamin Wilson Turnipseed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy				Yes	Jan. (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin W. Turnipseed	FULL MAIDEN NAME	Ruby May Turney
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 1/17/15 at 3 [illegible] M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed April 1 1915 Joseph Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-118 042523

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29457

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD William Marcus Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Jan (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. B. Clark	FULL MAIDEN NAME	Mary Helen Estes
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 1/18/15 at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Twin Falls

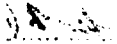
Filed April 9 15 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-112-042331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R.F.D. 2 St.

Hospital

Registration District No. 37

File No. 29458

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD GEORGE ASIL MOORE

Sex of Child boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Mar. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Moore	FULL MAIDEN NAME	Ella Claybourne
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive/3/12/15 at 1 08 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed April 1, 1915 John T. Coughe

Registrar

Registrar

S-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 29458
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for George Asil Moore, (Name on original certificate) who Was Born (Was born or died) on March 12, 1915 (Date of event)
in Twin Falls (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on March 12, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Moore	George Asil Moore
George Asil Moore	George Asil Moore	SAME

Subscribed and sworn to before me this 24th
day of October, 1941.
Clifford S. Fales
Notary Public, residing at Kimberly Ida.
My commission expires May 20, 1945
[SEAL]

Signed George W. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hansen Idaho R 2.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of October, 1941.
Clifford S. Fales
Notary Public, residing at Kimberly Ida.
My commission expires May 20, 1945
[SEAL]

Signed E L Lairmore
(Signature of any credible person other than the previous affiant.)
Kimberly Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

255-211-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 27

File No. 29459

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Mar. (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robt T. Sensabaugh	FULL MAIDEN NAME	Minnie E. Brewer
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennesee	BIRTHPLACE	Tennesee
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 3/11/15 at 1 [illegible] M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 3-16 1915 John T. Congress

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1.20.00

714-109-042-381

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29460

Registration District No. 37

File No.

Primary Registration District No. 2085.

Registered No.

FULL NAME OF CHILD Norman Fay Gamble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Mar. (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Max H. Gamble	FULL MAIDEN NAME	Myra H. Chamberlain
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 3/9/15 at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed April 1 1915 John L. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1942

OCT 3 1 1942

141-104-042-468

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29461

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD David Arthur Adamson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Mar 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Arthur Adamson	FULL MAIDEN NAME	Robina Moyese
RESIDENCE	Twin Falls County	RESIDENCE	Twin Falls County
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 4 at P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F O Boyd

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Tw Falls

Filed April 4 1915 Robert Coughlin
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-111-042-853

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37 File No. 29462

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Reed Clayton Sonders.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Charles Sonders	FULL MAIDEN NAME	Myrtie Ivy Helton
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Missouri.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth two. Number of children of this mother now living, including present birth two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight, M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, Ida.

Filed March 19 15 Robert Coughlin
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

US

363.107.042.895

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29463

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lyman Francis Tolman	FULL MAIDEN NAME	Mary Elizabeth Hinman
RESIDENCE	Murtaugh Ida.	RESIDENCE	Murtaugh Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Marion Ida.	BIRTHPLACE	Cardston Alberta Canada.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 a.m. on the date above stated.
(Born alive or stillborn)

(Signature) Frank A Dwight, M.D.
(Physician or midwife)

Address Twin Falls, Ida.

Filed Apr. 24 1915 John J. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.119.042-622

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital .....

Registration District No. 37 File No. 29464

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD WILLIAM Henry ~~Ernest~~ Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Ernest Smith	FULL MAIDEN NAME	Jessie Pearl Osborne
RESIDENCE	Hansen, Ida.	RESIDENCE	Hansen Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salem, Oregon	BIRTHPLACE	Rice County, Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Apr. 24 1915 John L. Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grant

Certificate No. 29464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of William Henry Smith (Birth or Death) for William Henry Smith (Name on Original Certificate) who was born (Was Born or Died) on March 19- 1915 (Date of Event) in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on how known the party since (Give Date), are:

FACTS TO BE CORRECTED (Name, "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Henry Ernest	William Henry Smith

Subscribed and sworn to before me this 15th day of April, 1943

A. B. Southard

Notary Public, residing at Wilson Creek Wash.

My commission expires Jan. 20-1945
(Seal)

Signed Mrs Jessie P. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of April, 1943

A. B. Southard

Notary Public, residing at Wilson Creek Wash.

My commission expires Jan. 20- 1945
(Seal)

Signed Anton Schumacher
(Signature of Any Credible Person Other Than Previous Year)

Wilson Creek Wash
(Street Address, City, State)

APR 20 1943

.993-126-045-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29465

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Richmond, T. W.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Wm Richmond	FULL MAIDEN NAME	Amy Robinson
RESIDENCE	Berger, Ida	RESIDENCE	Berger, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Okla.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H W Gouchek

Physician (Physician or midwife)

Address Twin Falls Ida.

Filed Apr. 4 1915 John F Coughlin Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Santa Maria, Calif
April 15, 1941

This is to certify that my full name is

T W Richmond

T W Richmond

Sworn and Subscribed before
me this 15th day of April 1941

Vina Freeman

Notary Public
County of Santa Barbara
State of California

This is to certify that I am the Uncle of T W Richmond and wish to verify the fact that the name of my nephew is as above stated by him.

E. K. Norton

Sworn and subscribed
before me this 15th day
of April 1941

Vina Freeman
County of Santa Barbara, State of California

N.P.

My Commission Expires April 5, 1943

4/22/41 Z.J.

442.115 ~~[illegible]~~ 344

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

~~City of~~ Filer

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29466

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Rhoda Carrie Musser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	3 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sumner Musser	FULL MAIDEN NAME	Areta Ludlow
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ind
OCCUPATION	farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Slouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls, Ida

Filed 3-16 1915 John Haughen Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1975

714-204-042-231

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 29467

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD BARBARA Gamble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	March 4 1915

FATHER		MOTHER	
FULL NAME	Sam Gamble	FULL MAIDEN NAME	Ruth Stafford.
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed Mar 16 1915 Jonas F. Coughlin Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 29467

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Barbara Gamble who was born on March 4 1915 in Twin Falls Ida. are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record prepared on March 4 1915, are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Barbara Gamble

Subscribed and sworn to before me this 22 day of June, 1942

Notary Public, residing at Twin Falls

My commission expires Jan 1-1946
(Seal)

Signed Ruth Stafford Gamble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D. No 2. Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 23 1942

JUN 2 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-227-042-239

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 29468

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ELIZABETH LOUISE PEAVEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur J Peavey	FULL MAIDEN NAME	Elizabeth Strong
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Wis
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tor Boyd

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls

Filed Apr 1 1915 Johnst. Coughlin Registrar

S-Y CO. 24656

FEB 19 1943

No. ____ St. ____

(at Home) Registration District No. ____ State File No. 25

(If born in hospital or institution give name.) Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elizabeth Louise Peavey

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	Jany 27 191 (Month, Day, Ye

FATHER	MOTHER
9. Full name: Arthur Jacob Peavey	18. Full maiden name: Elizabeth Strong (Peavey)
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls
11. Color or race: White | 12. Age at last birthday: 39 (years)	20. Color or race: White | 21. Age at last birthday: 33
13. Birthplace (city or place) (State or Country): Hollister, California	22. Birthplace (city or place) (State or Country): DePere, Wisconsin
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Abstracter	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Abstract Office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: Continuously, 19	17. Total time (years) spent in this work: seven
25. Date (month and year) last engaged in this work: ____, 19	26. Total time (years) in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: Six (6) (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillbor

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6:30 PM. on the date above

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Dr 10 day Attending

(Signed) [signature] Peavey Heath

or ____

Address 160 - 17th Ave. East

Filed 2/23/37, 193

Registrar. Regis

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of bi

Dr. T. O. Boyd, attending physician having moved to California the names of three persons knowing of the birth on the reverse of this certificate, referred to; are as follows:

E. J. Ostrander, Twin Falls, Idaho
L. L. Breckenridge, Twin Falls, Idaho
Roy A. Read, Twin Falls, Idaho.

1915-
DUP OF 29468

JUN 10 19

13 & 24 · 042 · 339

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 37 File No. 29469

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Dorothy Lillis [illegible] ALDRIDGE

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	(To be answered only in event of plural births)		yes	Jan (Month) 24 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Henry [illegible] ALDRIDGE	FULL MAIDEN NAME Bessie May Clift
RESIDENCE Twin Falls Idaho	RESIDENCE Twin Falls, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 1/24/15 at 1:30 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Apr 1 1915 John P. Douglas Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma }
County of Tulsa } ss.

Certificate No. 29469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dorothy Lillis Aldridge (Birth or Death) for (Name on Original Certificate) who January (Was Born or Died) on 24th 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Aldrich	Aldridge
Father's Name	Henry Aldrich	Harvy Arthur Aldridge

Subscribed and sworn to before me this 4th day of April, 1944.

Notary Public, residing at Tulsa, Oklahoma

My commission expires 2-13-1946
(Seal)

Signed Bessie M Aldridge (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1415 So Quincy, Tulsa, Oklahoma
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 7 1944

APR 1 0 1944

783-116-042-493

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29470

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Mar. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Grover C. Tyler	FULL MAIDEN NAME	Olla H. Miller
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Mechanician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 3/16/15 at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed April 1 1915 John T. Coughlin

Registrar

Registrar

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

n full

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Dup of 39264

619.114.042.753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 512, 6th Ave. E. St.

Registration District No. 37

File No. 29471

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Robert Warberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Mar. (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Warberg	FULL MAIDEN NAME	Teresa Peterson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Transfer Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) 3/14/15 at 1 25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed April 1 1915 John Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1949

MAY 11 1976

995·117·042·391

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 29472

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 17 1915

FATHER		MOTHER	
FULL NAME	Burett Zinn	FULL MAIDEN NAME	Fannie Trautasky
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Kansas	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	New Brunswick
		OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd M.D.

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 4 19 15 John F. Coughlin Registrar

S-Y CO. 24696

DECLASSIFIED

619-223-042-415

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29473

Registration District No. 37 File No. _____

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	3	Yes	Mch 23 1915

FATHER		MOTHER	
FULL NAME	Lorain A. Warner	FULL MAIDEN NAME	Ethel Mankin
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Lawyer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tor Floyd

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Twin Falls

Filed April 4 1915 John T. Coughlin Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-222 (042-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 353 3d ave W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29474

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Frances Taylor Patriott

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth March 22 1915 (Month) (Day) (Year)

FATHER

FULL NAME Oscar C. Patriott

RESIDENCE Twin Falls,

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Missouri

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Virginia Taylor

RESIDENCE Twin Falls

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Missouri

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho.

Filed Mar 30 1915 John L. Coughlin
Registrar

S-Y CO. 24655

FEB 8 1966

366-130-042-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 29475

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Wallace Edward Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mch. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Cooper	FULL MAIDEN NAME	Maude Grace Jones
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	New York	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed Apr 8 1915 John L Coughlin Registrar

..... Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

719-123-042343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 220 Wash. ave. St.

Hospital

Registration District No. 37

File No. 29476

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Wendell Timothy Parrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen T. Parrick	FULL MAIDEN NAME	Laura Culbertson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Delivery Clerk	OCCUPATION	—

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Filed Mar. 16 1915 John W. Coughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-121-001-212

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-13

29477

Registration District No. 9

Primary Registration District No. 7001

File No. ——

Registered No. 54

FULL NAME OF CHILD Frank Andrew Corron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 21 1915

FATHER		MOTHER	
FULL NAME	Charles Corron.	FULL MAIDEN NAME	Mary Ellen Bass.
RESIDENCE	Star Ida	RESIDENCE	Star Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Otto Hall MD

(Physician or midwife)

Address Star Idaho

Filed 3 22 1915 Otto Hall

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24656

[redacted]

CERTIFICATE OF BIRTH

OF IDAHO
VITAL STATISTICS

23477

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 17 1 42 PM '76

State of CALIFORNIA } ss.
County of LASSEN

Certificate No. 29477

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Corron (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 21, 1915 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frank Andrew Corron

Subscribed and sworn to before me this 12th day of APRIL, 1976.

Sheila M. McDermott
Notary Public, residing at Quincy, CA
My commission expires JANUARY 26, 1979
(Seal)

Signed Minnie D Harvey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

PO Box 69 Litchfield Calif 96117
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/9/76 nm

Discharge from US Naval service gives nameas Frank Andrew Corron. born March 21, 1915 at Star, Idaho. discharge ■ was Honorable. viewed by V. S.

SEP 24 1976

Transcript of Records of Our Savious Lutheran Church of Aurora Minnesota dated September 1, 1976 states that Frank Corron has been a member since October 25, 1959. Viewed by V.S.

795-227-001-331

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29478

County of Adee

City of Star

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2001

Registered No. 55

Hospital

FULL NAME OF CHILD Gertrude Preston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		Yes	3 27 1915

FATHER		MOTHER	
FULL NAME	Nelson Preston	FULL MAIDEN NAME	Bedisa Clawson
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Harmony	OCCUPATION	H wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall MD

(Physician or midwife)

Given names added from a supplemental report.

Address Star Idaho

Filed 3 27 1915

Registrar

Ole Hall
Registrar

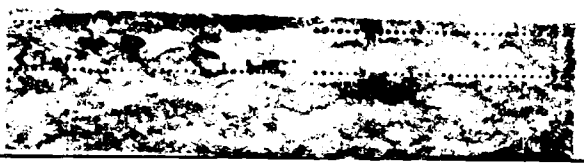
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1957



613-120-001-281

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29479

County of Ada

City of Star

No. _____ St.

Hospital _____

Registration District No. 9 File No. _____

Primary Registration District No. 2004 Registered No. 56

FULL NAME OF CHILD ~~George~~ William Hurvey Waters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	3 20 1915

FATHER		MOTHER	
FULL NAME	John Presby Waters	FULL MAIDEN NAME	Mae Stella Shaver
RESIDENCE	Star Id	RESIDENCE	Star Id
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hull MD

(Physician or midwife)

Given names added from a supplemental report.

Address Star Idaho

_____ 19____

Filed 3-20 1915 Ole Hull

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-102-001-683

Form V. S. No. 11—25m-1-1-13

29480

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adee

City of Ibar

Registration District No. 9

File No. —

No. ..... St.

Primary Registration District No. 2001

Registered No. 56

Hospital

FULL NAME OF CHILD George William Douglass

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Douglass	FULL MAIDEN NAME	Dora Elizabeth Mylie
RESIDENCE	Minnesota	RESIDENCE	Stas Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Stas Ida	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	H wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stas Idaho

Filed 4-2-1915 Ola Hall

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-206-001

PLACE OF BIRTH

[redacted]

29481

County of Ada

City of Star, Ida

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2001

File No. .....

Registered No. 58

FULL NAME OF CHILD Ellen Louise Bass

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		Yes	Feby 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo W Bass	FULL MAIDEN NAME	Zoola, Ferrell
RESIDENCE	Star, Ida	RESIDENCE	Star, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star, Idaho

Filed Feby 7 1915 O W Hall

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1942

APR 3 1970

412-120-001-[illegible]3

PLACE OF BIRTH

County of Ada

City of [illegible]ar

[illegible] St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29482

Registration District No. 9 File No.

Primary Registration District No. 7001 Registered No. 59

FULL NAME OF CHILD Guy Eugene Makley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
M.		yes	Mar 20 1915 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Charles Owen Makley		Zora Pearl Gilman
RESIDENCE	Star	RESIDENCE	Star Ida
COLOR	W. AGE AT LAST BIRTHDAY (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ow Hall MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Star Idaho

Filed 3/22 1915 Ow Hall MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1945

993-113-001-762

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29483

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9

File No. —

Primary Registration District No. 2001

Registered No. 60

FULL NAME OF CHILD Norman Theodore Richards

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	March 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank H. B. Richards	FULL MAIDEN NAME	Maude Goss
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Vermont.
OCCUPATION	Mgr Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Naugle M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise

Filed 3 20 1915 Ed Hall
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-214-001-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29484

County of Ada

City of Near Star

No. ..... St.

Hospital .....

Registration District No. 9

File No. .....

Primary Registration District No. 2001

Registered No. 57

FULL NAME OF CHILD ERMA JANE MILLER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	3/14 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. H. Miller	FULL MAIDEN NAME	Ethel Cole
RESIDENCE	Ranch near Star	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3 18 1915 Old Hall No

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 29484
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Erma Jane Miller (Name on original certificate) who Born (Was born or died) on March 14 1915 (Date of event) in Star Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents statement (Bible record, insurance policy, etc.) prepared on Oct 4, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Miller	Erma Jane Miller

Subscribed and sworn to before me this 4th day of October 19 41

Donald L. Penner

Notary Public, residing at San Diego Calif

My commission expires August 26 1945

[SEAL]

Signed Ethel Cole Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4763 55th St San Diego California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October 19 41

Donald L. Penner

Notary Public, residing at San Diego Calif.

My commission expires August 26 1945.

[SEAL]

Signed Charles Henry Miller
(Signature of any credible person other than the previous affiant.)

4763 55th St San Diego California
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

295-101-001-229

PLACE OF BIRTH

County of Ada

City of Near Eagle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29485

Registration District No. 9 File No. [redacted]

Primary Registration District No. 2001 Registered No. 61

FULL NAME OF CHILD Woodrow Wilson King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Mar 1 1915

FATHER		MOTHER	
FULL NAME	Ira King	FULL MAIDEN NAME	Ada Phrips
RESIDENCE	Eagle —	RESIDENCE	Eagle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall MD

(Physician or midwife)

Address Near Idaho

Filed May 3 19 15 O. W. Hall

Given names added from a supplemental report

..... 19.....

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-104-001-434

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

29486

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St, St.

Hospital St Alphonsus

Registration District No. 2

File No. —

Primary Registration District No. 1004

Registered No. 62

FULL NAME OF CHILD Charles Joseph Rowe

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	—	—	Yes	Feb 4, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. F. Rowe	FULL MAIDEN NAME	Jose McDevitt
RESIDENCE	Hays St Boise	RESIDENCE	Hays St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Mich	BIRTHPLACE	Placerville, Ida
OCCUPATION	Saloonkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Callard

Physician (Physician or Midwife)

Given names added from a supplemental report

Address 521 Empire Bldg

Filed 3-30 1915 M S Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 29486
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rowe (Name on Original Certificate) who born (Was Born or Died) on Feb. 4, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Motjer (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Charles Joseph Rowe

Subscribed and sworn to before me this 4th day of September, 1942
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed Josephine Rowe ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 5 1942

261-22-001-122

PLACE OF BIRTH

Form V, S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29487

County of Ada

City of Boise

No. 104 N. 18th St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 1

Registered No. 63

FULL NAME OF CHILD La Verne Margaret Swanz

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Feb. 12 1915
(Month) (Day) (Year)

FATHER

FULL NAME John Swanz

RESIDENCE Boise, Idaho,

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Germany.

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Cecil Abbott

RESIDENCE Boise, Idaho

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M. D.

Physician (Physician or midwife)

Address 614 - Overland Bldg. Boise, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-30 19 15 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485127.001-955

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29488

Registration District No. 2

File No. [redacted]

Primary Registration District No. 1004

Registered No. 64

FULL NAME OF CHILD Warren George Myers

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Feb. 27 (Month) (Day) 191 1 (Year)

FATHER		MOTHER	
FULL NAME	George Myers	FULL MAIDEN NAME	Maysie Reed
RESIDENCE	Boise, Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Pennsylvania
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd.

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1— P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Maurice H. Tallmany M.D.

Physician (Physician or midwife)

Address 614-615 Overland Bldg. Boise, Idaho.

Filed 3-30 19 15 M S Parker Registrar

8-Y CO. 24695

FEB 2 1953

546-102-001-546

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29489

County of Ada

City of Boise

No. 2026 Harrison Blvd.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 65

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 / 2 / 191 5

FATHER

FULL NAME	Charles Edwards
RESIDENCE	Boise, Idaho
COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England
OCCUPATION	Salesman

MOTHER

FULL MAIDEN NAME	Ada Edwards
RESIDENCE	Boise, Idaho
COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho
OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

(Signature) Maurice H. Tallman M.D.

Physician (Physician or midwife)

Address 614-616 Overland Bldg. Boise, Idaho

Filed 3-30 19 15 W. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-221-001-119

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29490

County of Ada

City of Boise

No. 1309 N. 6th St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 66

FULL NAME OF CHILD Elizabeth Virginia Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence W. Harris	FULL MAIDEN NAME	Pearl Jarvis
RESIDENCE	1309 - N 6th	RESIDENCE	1309 - N 16 St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Teacher

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 824 Franklin St.

Filed 3-30 1915 M S Parker
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266408-001-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29491

CERTIFICATE OF BIRTH

Registration District No. 2 File No. [redacted]

Primary Registration District No. 1004 Registered No. 67

FULL NAME OF CHILD William Reginald Bowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 8 1915

FATHER

FULL NAME W. H. Bowler

RESIDENCE 2518 Bissique

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Nebraska

OCCUPATION Clergyman

MOTHER

FULL MAIDEN NAME Elma Fulkerson

RESIDENCE 2518 Bissique

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 8 at 8:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numans

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

..... 19....

Filed 3-30 19 15 W. S. Parker

Registrar

S-Y CO. 24655

Registrar

SEP 12 1973

MAR 1 1948

493-205-001-765

PLACE OF BIRTH

County of Ada

City of Boise

No. 1408 Grand St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

29492

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 68

FULL NAME OF CHILD Mary Josephine Mill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	Yes	Feb 5 1915

FATHER		MOTHER	
FULL NAME	Tony Mill	FULL MAIDEN NAME	Stini Tonkovich
RESIDENCE	1408 Grand Ave Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W S Peters

(Physician or midwife)

Address Boise.

Filed 3-30 19 15 W S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1957

719-209-001-613

Form V. S. No. 11-C—20m-2-15-12

29493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 69

FULL NAME OF CHILD Emma Parker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	3 (Month) - 9 (Day) - 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vedie W. Parker	FULL MAIDEN NAME	Gertrude Walker
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bivin

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 206 Yates Bldg

Filed 3-30 1915 M S Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/28/41 L. B.

446.125.001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29494

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No.

No. 617 N 16 St.

Primary Registration District No. 1004 Registered No. 70

Hospital St. Alphonsus.

FULL NAME OF CHILD George Edward Duffy.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Feb. 25 1915

FATHER	MOTHER
FULL NAME Herbert Earl Duffy.	FULL MAIDEN NAME Hester Smith.
RESIDENCE 617 N 16.	RESIDENCE 617 N 16.
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 23. (Years)	AGE AT LAST BIRTHDAY 21. (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Mo.
OCCUPATION Bookkeeper.	OCCUPATION H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 6 A. M on the date above stated.

(Signature) Edward Bacon

(Physician or [redacted])

Address Boise Ida

Filed 3-30 19 15 M S Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-227.001-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29495

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1815 Harrison Boule.

Primary Registration District No. 1004

Registered No. 71

Hospital

FULL NAME OF CHILD Helen Florence Jacobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes	Feb 27th 1915

FATHER		MOTHER	
FULL NAME	Jno. A. Jacobson	FULL MAIDEN NAME	Minnie L. Lassonde
RESIDENCE	641 East Jefferson	RESIDENCE	641 East Jefferson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Conn.	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 3-30 19 15 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

459 B 311-001-493

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29496

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 72

FULL NAME OF CHILD Dorothy Margaretta Merrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	3 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis C Merrell	FULL MAIDEN NAME	Margaretta D Michael
RESIDENCE	906 N 20	RESIDENCE	906 N 20th
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	N.Y.
OCCUPATION	Capitalist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg.

Filed 3-30 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

29496

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 72

FULL NAME OF CHILD Dorothy Margaretta Merrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth ..... 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
(born alive or stillborn)
on the date above stated.

(Signature) Lewis C. Merrell
Father of child
(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Jan 17 1916

E. J. Eaton
Registrar

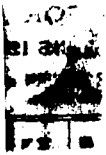
Filed ..... 19 .....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, must be stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numbers of each, in order of birth stated.

153-201-001-233

PLACE OF BIRTH

County of Ada

City of Boise

No. 1709 - N 20th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29497

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 73

FULL NAME OF CHILD Helen Elizabeth Jellison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	mar. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarance O. Jellison	FULL MAIDEN NAME	Myrtle W. Scurby
RESIDENCE	1709 - N 20th	RESIDENCE	1709 N 20th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Marbel Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 824 Franklin

Filed 3-30 1915 M S Parker Registrar

S-Y CO. 20174

Form V. S. No. 1-C—20m-2-15-7
1PD 1962

693-119-001-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29498

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 74

FULL NAME OF CHILD Hugh Edward Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh E. Williams	FULL MAIDEN NAME	Gertrude Charleton
RESIDENCE	Arrow Rock	RESIDENCE	Arrow Rock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L S Williamson (Physician or midwife)

Address 824 Franklin St

Filed 3-30 1915 M S Parker Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 3 1975

546-102-001-713

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29499

County of Ada

City of Boise

Registration District No. 2

File No.

No. 711 N. 21 St.

Primary Registration District No. 1004

Registered No. 75

Hospital St Alphonsis

FULL NAME OF CHILD Charles Parker Edwards Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	March 2, 1915

FATHER		MOTHER	
FULL NAME	Chas. Parker Edwards	FULL MAIDEN NAME	Mabel Gates
RESIDENCE	711 N. 21 St	RESIDENCE	711 21st St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Chase Co. Kansas	BIRTHPLACE	McPherson, McPherson Co Kansas
OCCUPATION	Painter	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S. Kingsbury, Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 3-30 1915

Registrar

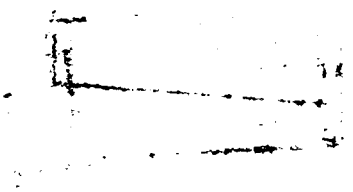
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



962-116-001-753

PLACE OF BIRTH

County of Ada

City of Boise

No. 411 Rissiguier St.

Hospital 2026 Harrison Blvd

STATE [redacted]

Bureau of [redacted]

No. 11-C—10m-8-7-11

29500

CERTIFICATE OF BIRTH

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 76

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	3	Yes	3 16 1915

	FATHER		MOTHER
FULL NAME	W. Otis Roberts	FULL MAIDEN NAME	Anna Peterson
RESIDENCE	411 Rissique St Boise	RESIDENCE	—
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minn.	BIRTHPLACE	Richmond Ky
OCCUPATION	works in 2nd Grad Store	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Gunning

(Physician or Midwife)

Address Moore Bldg

Filed 3-30 1915 M S Parker

Registrar

Given names added from a supplemental report

..... 19.....

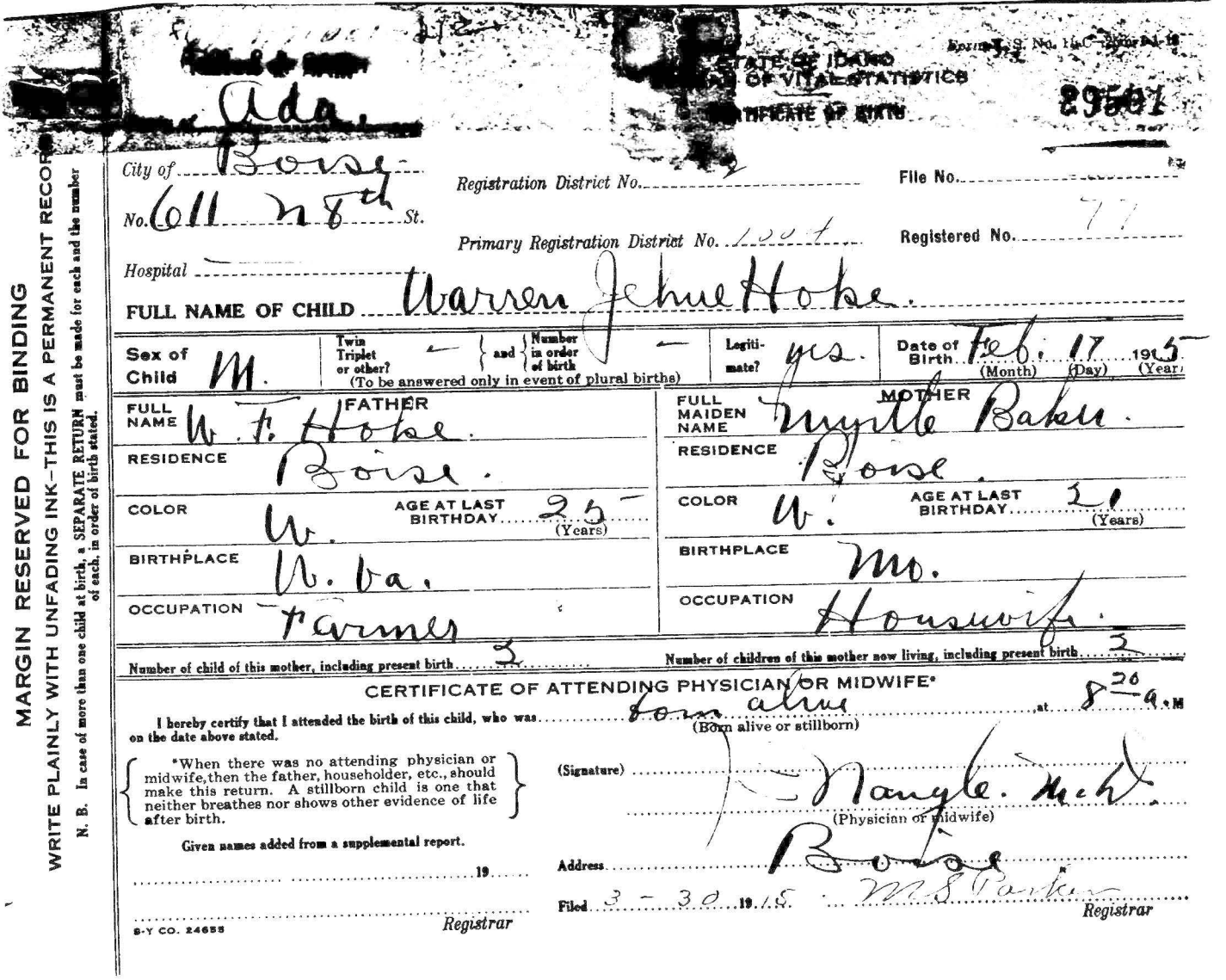
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form U. S. No. 11-C—Form 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29501

Ada.

City of Boise

No. 611 N 8th St.

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 77

Hospital —

FULL NAME OF CHILD Warren Jehue Hoke.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes.	Feb. 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. F. Hoke.	FULL MAIDEN NAME	Myrtle Baker.
RESIDENCE	Boise.	RESIDENCE	Boise.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nangle. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise

Filed 3-30 1915 M S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-225-001-844

Form V. S. No. 11-C—25m-1-1-18

29503

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 211 Wash St.

Hospital St. Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 79

FULL NAME OF CHILD Cliff

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ford C Cliff	FULL MAIDEN NAME	May Hadleson
RESIDENCE	211 Wash St.	RESIDENCE	211 Wash St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Calif.	BIRTHPLACE	Mo
OCCUPATION	Clerk Sarne Vardens O	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pillenger

Falk Bldg. (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 3-30 1915 M S Parker Registrar

Registrar

S-Y CO. 34652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 2006

562-227-001-612

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29504

County of Ada

City of Boise

Registration District No. 2

File No.

No. 905 - N. 20. St.

Primary Registration District No. 1004

Registered No. 80

Hospital St. Luke's Hosp.

FULL NAME OF CHILD MARJORIE JANE NOBLE

Sex of Child Female	Twin Triplet or other? ~~[illegible]~~ and Number in order of birth ~~[illegible]~~ (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 3 (Month) - 27 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME T. W. Noble	FULL MAIDEN NAME Hellen Wakefield.
RESIDENCE 905 N. 20.	RESIDENCE 905 N. 20.
COLOR White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR White. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE ~~Nashua~~ Nashua Iowa.	BIRTHPLACE ~~Nashua~~ Nashua Iowa
OCCUPATION Salesman	OCCUPATION Salesman.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Stewart N.H.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-30 1915 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF V TAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 29504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Noble (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 29, 1915 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Apr. 22, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Marjorie Jane Noble
Date of birth	March 29, 1915	March 27, 1915
Birthplaces of Parents	Nasua, Iowa	Washua, Iowa

Subscribed and sworn to before me this 22 nd
day of April 1942
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Helen N. Noble
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
3312 No. Union, Tacoma Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 22 nd
day of April 1942
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Helen N. Noble
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 21 1942

MAR 23 1965

236-125-601-879

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29505

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 81

FULL NAME OF CHILD Sidney Albert Bloom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1st	Yes	3 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mr. Sidney Bloom	FULL MAIDEN NAME	Marie Gordon Bloom
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa City	BIRTHPLACE	Liberty Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Stewart N. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-30 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.212-001-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29507

County of ADA

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 83

Hospital St. Alphonsus

FULL NAME OF CHILD Rita Sarlat

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: March 12 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: Max Sarlat	FULL MAIDEN NAME: Dora Levin
RESIDENCE: 911 E. Bannock Street	RESIDENCE: 911 E. Bannock Street
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Lebedora, Russia	BIRTHPLACE: New York City, N.Y.
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Falk Building- Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-25 1915 [signature] Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893719 #01-864

PLACE OF BIRTH

County of Ada

City of Boise

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. U-C—15m-6-20-11

29509

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 1004

Registered No.

Hospital St. Alphonsus

FULL NAME OF CHILD Houston Neill Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Houston Neill	Lucile Adelaide Hodge
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	St Louis Mo.	Chicago Ill
OCCUPATION	Merchant	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk M.D.
Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 3—30 19 15 M S Parker
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 0 1970

693,191,001-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29509.

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1810 Harrison Blvd

Primary Registration District No. 1004

Registered No. 85

Hospital

FULL NAME OF CHILD Unnamed (only lived 18 hours)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 14 1915

FATHER		MOTHER	
FULL NAME	John L. Wilson	FULL MAIDEN NAME	Mary Williams
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Ohio
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:35 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 3-30 19 15 W. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-214-001-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

29510

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 424 So 2nd St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 86

FULL NAME OF CHILD ARTIE MAY ADAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 - 14 1915

FATHER		MOTHER	
FULL NAME	Dell Chas Adams	FULL MAIDEN NAME	Sarah Kelly
RESIDENCE	Boise, Idaho	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Indian Territory	BIRTHPLACE	Ireland
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H Tallman

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 3 - 30 1915 M S Parker
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 29510

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Artie May Adams (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Metropolitan Insurance (Hospital Record, Insurance Policy, Etc.) prepared on Febu 14. 1916 No. 30958470 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Artie May Adams

Subscribed and sworn to before me this 26
day of September, 1942.
Maryana Weston
Notary Public, residing at Mentone, Calif.
My commission expires Feb. 6, ~~1943~~ 1945
(Seal)

Signed Mrs Beryl Kelly Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1397 N. Jasper ave mentone calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of September, 1942
Maryana Weston
Notary Public, residing at Mentone
My commission expires Feb. 6, 1945
(Seal)

Signed J R Edmonds
(Signature of Any Credible Person Other Than Previous Year)
1845 Mentone Blvd Mentone Calif
(Street Address, City, State)

OCT 2 1942

791-121-001-128

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-16

29511

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 412 State St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 87

FULL NAME OF CHILD Robert Ashley Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
male			yes	Mar. 21 1915

FATHER

FULL NAME Daniel L. Gray

RESIDENCE

COLOR white

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Stockman

MOTHER

FULL MAIDEN NAME Ruth H. Ashley

RESIDENCE

COLOR white

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:40 a.m. on the date above stated.

(Signature) W. F. Turkey

Physician (Physician or midwife)

Address

Filed 3-22 1915

M S Parker Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JAN 18 1943

292-119-001-255

PLACE OF BIRTH

County of Ada

City of Boise

No. 412 State St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-18

29512

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 88

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X	X	yes	Mar. 19 1915

FATHER	MOTHER
FULL NAME: Marion C. Kibble	FULL MAIDEN NAME: Agnes M. Kiesz
RESIDENCE: 114 North 17th	RESIDENCE: 114 North 17th
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Idaho
OCCUPATION: Prop. Auto Livery	OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Tussey

Physician (Physician or midwife)

Address

Given names added from a supplemental report.

19

Filed 3-30 1915 M S Parker

Registrar

S-Y CO. 24688

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-108 014-696

[redacted]LACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29513

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No 409 S. Twelfth St.

Hospital

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 21

FULL NAME OF CHILD Max Llewellyn Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jonas Brown	FULL MAIDEN NAME	Bessie Frost
RESIDENCE	Payette-Oregon Slope-Malheur Co. Ore.	RESIDENCE	Payette-Oregon Slope-Malheur Co. Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Idaho

Filed Apr. 30, 1915 J. C. Woodward Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1974

[redacted]

953-218-014-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29514

County of Canyon

City of Payette

No. 409 E. Twelfth St.

Hospital

Registration District No. 4

File No. [redacted]

Primary Registration District No. 1008

Registered No. 20

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	April 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Records	FULL MAIDEN NAME	Edith Brown
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.50 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Payette, Idaho

Filed Apr. 30, 1916 J. C. Woodward Registrar

S-Y CO. 34655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT - 2 1968

791.1171.014-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29515

County of Canyon

City of Payette

No. 1318 First Ave So. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 19

FULL NAME OF CHILD Robert Weaton Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 17 1914

FATHER		MOTHER	
FULL NAME	O. H. Graham	FULL MAIDEN NAME	Laura Polhamus
RESIDENCE	1318 First Ave. So. Payette Ida	RESIDENCE	With Husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apr 30 1914 J. C. Woodward
Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Certified Copies issued October 28, 1940. L. W.

OCT 1 0 1941

194220 014 195

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29516

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 603 N Sixth St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 18

FULL NAME OF CHILD Phyllis Arnspiger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 20 1915

FATHER		MOTHER	
FULL NAME	G. P. Arnspiger	FULL MAIDEN NAME	Pauline Airey
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed Apr 30 1915 J. C. Woodward Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234202-014493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29517

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 1030 Center Ave. St.

Hospital

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 17

FULL NAME OF CHILD Bertrace Fal. Sturdevant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. 2, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will C. Sturdevant	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	1030 Center Ave.	RESIDENCE	1030 Center Avenue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida

Filed Apr 30 1915

J. C. Woodward
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

APR 16 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-126-014-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

29518

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 16

FULL NAME OF CHILD Thomas B. Woodrow Holmes

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Jan (Month) 26 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Geo. O. Holmes	FULL MAIDEN NAME: Estella Beath
RESIDENCE: "Washoe" — Near Payette, Ida	RESIDENCE: "Washoe" - Near Payette, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 30 1915. J. C. Woodward Registrar

9-Y CO. 24655

455-213-014-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29519

County of Canyon

City of

No. St.

Hospital Virginia

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 15

FULL NAME OF CHILD Pearl Deeds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Taylor Deeds	FULL MAIDEN NAME	Goldie Young
RESIDENCE	Near Fruitland Ida	RESIDENCE	Near Fruitland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette Ida

Registrar

Filed Apr 30 1916 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1087001-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29580

County of Ada

City of Boise

No. St. Luke's Hospl.

Hospital " " "

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 91

FULL NAME OF CHILD Henry Gray Whitson Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2nd (To be answered only in event of plural births)	Yes	March 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Whitson, J	FULL MAIDEN NAME	Hester Gray
RESIDENCE	1610 State St.	RESIDENCE	1610 State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kennett Penn.	BIRTHPLACE	Coopersville Mich.
OCCUPATION	Bonding, and Insurance	OCCUPATION	Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Stewart N. H.

(Physician or midwife)

Given names added from a supplemental report.

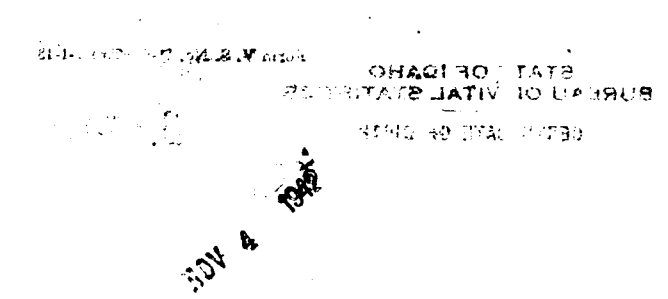
19

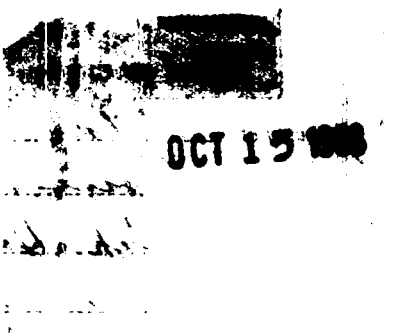
Registrar

Address

Filed 3-30 1915 M S Parker Registrar

S-Y CO. 24655


STATE OF IDAHO
BUREAU OF VITAL STATISTICS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749-208001-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29521

County of Ada

City of Boise

No. 1406 - N. 14 St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 90

FULL NAME OF CHILD Frances Louise Purton

Sex of Child Female

Twin, Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth 3 (Month) 8 (Day) 1910 (Year)

FATHER

FULL NAME Astley Blount Purton.

RESIDENCE 1406 N. 14.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Civil Engr.

MOTHER

FULL MAIDEN NAME Nina May Gowan

RESIDENCE 1406 - N-14.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE New Brunswick, Canada

OCCUPATION Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Stewart M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 3-30 19 15 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.209.001-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29522

County of Ada

City of Boise

No. 2414 Ada St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 89

FULL NAME OF CHILD — Ruth Virginia Wilson

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth: 2nd

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 3 (Month) 8 (Day) 1913 (Year)

FATHER

FULL NAME: Chas Philip Wilson

RESIDENCE: 2414 Ada.

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Trav Agt.

MOTHER

FULL MAIDEN NAME: Mirra Klumb.

RESIDENCE: 2414 Ada.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Jackson Wis.

OCCUPATION: Housewife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Stewart M. D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address.....

Filed 3-30-19.15 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1946

864-112-044-316

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29525

County of Washington

City of _____

No. _____ *St.*

Hospital _____

Registration District No. _____ **File No.** _____

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Joseph Baird Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Wallace Franklin Young	FULL MAIDEN NAME	Bertha Laferity
RESIDENCE	Washington Co	RESIDENCE	Washington Co
COLOR	Wh. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Plinesville Ore	BIRTHPLACE	Le Grand Ore
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W H Marshall

(Physician or midwife)

Given names added from a supplemental report

Mar 19 1915

W H Marshall
Registrar

Address Midvale

Filed Mar 18 1915 W H Marshall
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1951

AMENDED AUGUST 13, 1951

PLACE OF BIRTH

363-125-04X-281

County of Washington

City of Midvale

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 29526

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD JACK EVERETT COLSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 25, 1915

What bacteriacidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Homer Colson	FULL MAIDEN NAME	Edith Helen Shaw
RESIDENCE	Washington County	RESIDENCE	Washington County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall
(Physician or midwife)

Address Midvale, Idaho

Give names added from a supplemental report.

April 22, 1915
W. H. Marshall
Registrar.

Filed April 20 1915 W. H. Marshall
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29526

County of Washington

City of Midvale

No. ____ St.

Hospital ____

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Colson. Jack Everett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 20 191 5

FATHER		MOTHER	
FULL NAME	Homer Colson.	FULL MAIDEN NAME	Burbadan.
RESIDENCE	Wash Co.	RESIDENCE	Washington Co
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Marshall

(Physician or midwife)

Address Midvale

Given names added from a supplemental report

Apr 22 19 15

W D Marshall Registrar

Filed Apr 20 19 15 W D Marshall Registrar

S-Y CO. 20174

AUG 7 19
AUG 13

STATE OF IDAHO

COUNTY OF WASHINGTON

I J.H. Goodnight a Notary Public in and for Said State do hereby certify that I have looked over the Bible record pertaining to the birth og Jack Everett - Colson. and said record reads as follows .

"Jack Everett Colson, Born Jan. 25, 1915."

The above said Bible was given to me to examine by Mrs. Edith Helen Colson, mother of Jack Everett Colson who states that the record is the record of the family of Homer Warren Colson the father and Edith Helen Colson the mother of Jack Everett Colson .

Signed J H Goodnight
Notary Public for Idaho
Residing at Midvale Idaho
My Commission expires May 10 1952

456-218-044-281

Form V. S. No. 11-C—20m-2-15-12

29528

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD T Denny

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Feb 18 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Jno Denny	**FULL MAIDEN NAME**	Mamie Shaw
RESIDENCE	Wash Co	**RESIDENCE**	Wash Co
COLOR	Wh	**COLOR**	Wh
AGE AT LAST BIRTHDAY	34 (Years)	**AGE AT LAST BIRTHDAY**	28 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Ida
OCCUPATION	Rancher	**OCCUPATION**	H. wife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 11 P. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall

(Physician or midwife)

Given names added from a supplemental report

~~A S 24~~ 1915

W H Marshall
Registrar

Address Midvale

Filed Apr 20 1915 W H Marshall
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355·207·044-523

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29529

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Center

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Perry Center	FULL MAIDEN NAME	Ruby Estes
RESIDENCE	Wash Co.	RESIDENCE	Wash Co
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall

(Physician or midwife)

Given names added from a supplemental report

~~Apr 20~~ 1915

W H Marshall
Registrar

Address Midvale

Filed Apr 20 1915 W H Marshall
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-103-044-813

Amended 1-23-57

Form V. S. No. 11-C—20m-2-15-12

29530

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Glen Burton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
	—	—	Yes	Apr 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Pal Burton	Bessie Hatley
RESIDENCE	Washington Co	Wash Co
COLOR	White	Wh
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Rancher	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Marshall

(Physician or midwife)

Given names added from a supplemental report

Apr 22 19 15

Address Midvale

W D Marshall Registrar

Filed Apr 30 19 15 W D Marshall Registrar

S-Y CO. 20174

RECEIVED
JAN 9 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Tennessee } ss.
County of Washington

Certificate No. 29530
Date Filed 12-27-56

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bunton (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1915 (Date of Event) in Medville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Natl Life Accident Ins Co Nashville Tenn prepared on Pol Sig Nat 8-163 18828-5-10-37 (Give Date), are: Owner's Title Card (Birth Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	State of Tenn. 11-24-53 Viewed by Vital Stat.	
Child's Name	Unnamed	Glen [illegible] Bunton

Subscribed and sworn to before me this 5th day of January, 1957

Signed Mary L Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Johnson City Tenn
My commission expires July 17 1959
(Seal)

Jno City Tenn R#3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Tennessee } ss.
County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1957

Signed Geo. M Church
(Signature of Any Credible Person)

Notary Public, residing at Johnson City Tenn
My commission expires July 17 1959
(Seal)

Johnson City Tenn R#3
(Street Address, City, State)

FORM DPH 55.155

693.113.044-293

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **29531**

County of Washington

City of Midvale

No. ____ St.

Hospital ____

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Delbert William Wicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Mar 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Wicks	Eva Kilburn
RESIDENCE	Washington Co	Midvale (Washington Co)
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Kansas	Washington Co Idaho
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall

(Physician or midwife)

Given names added from a supplemental report

Apr 20 1915

W H Marshall
Registrar

Address Midvale

Filed Apr 8 1915 W H Marshall
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1944

152-114-044-231

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29532

County of Washington

City of Midvale

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Vita Jesse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar (Month) 14 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Jno Jesse	FULL MAIDEN NAME	Ethel Black
RESIDENCE	Washington Co	RESIDENCE	Washington Co
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Virginia	BIRTHPLACE	Tennessee
OCCUPATION	Rancher	OCCUPATION	H. wife

Number of child of this mother, including present birth ..... 5 ..... Number of children of this mother now living, including present birth ..... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at ..... 5 P. ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Marshall

(Physician or midwife)

Given names added from a supplemental report

~~ep M~~ 1915

W A Marshall
Registrar

Address ~~ep 20~~ Midvale

Filed ep M 1915 W A Marshall
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH [redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

29533

County of Shoshone
493-201-046-396
City of Wallace
Registration District No. 40
File No.
No. ..... St.
Primary Registration District No. 1011
Registered No. 14
Hospital

FULL NAME OF CHILD Mary Elizabeth Milesi

Sex of Child Female
Twin, Triplet, or other? (To be answered only in event [redacted] Yes
Date of birth Mch 1st (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Bert Milesi	FULL MAIDEN NAME	Jennie Fonesio
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth .....
Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was March 1st Born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Mch 10 1915 F. Leo Tuesday
Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate 28533
Date Filed April 2, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Mary Elizabeth Milesi (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 1, 1915 (DATE OF EVENT) in Wallace, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 4, 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Mary Elizabeth Milesi

Subscribed and sworn to before me this 2nd day of April, 19 42

Leola Riggs

Notary Public, residing at Sacramento, Calif.

My commission expires Dec. 1, 1942

(SEAL)

Signed Mrs Mary Milesi
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2755 - 6th Avenue, Sacramento, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 19 42

Leola Riggs

Notary Public, residing at Sacramento, Calif.

My commission expires Dec. 1, 1942

(SEAL)

Signed Mary L. Rainer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2755 - 6th Avenue, Sacramento, Cal.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

296-211-040-249

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

[redacted]TATE OF IDAHO

[redacted]eau of Vital Statistics

[redacted]TIFICATE OF BIRTH

29534

Registration District [redacted] File No. .....

Primary Registration District No. 10 11 Registered No. 15

FULL NAME OF CHILD Irma - Brown.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes.	Mch. (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Brown.	FULL MAIDEN NAME	Mable Burcher.
RESIDENCE	L	RESIDENCE	Wallace.
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Kentucky.	BIRTHPLACE	Latah Co.
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) March 11 at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St Jean

(Physician or Midwife)

Given names added from a supplemental report

....., 19.... Address Wallace - Idaho

Filed Mch 21 1915 F. Leo Trundey

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

653.111-040-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted] IDAHO

[redacted]al Statistics

[redacted]E OF BIRTH

29535

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. [redacted] File No. .....

Primary Registration District No. 1011 Registered No. 16

FULL NAME OF CHILD James Welsh

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	3 (Month), 11 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Michael E. Welsh	FULL MAIDEN NAME	Katherine Foley
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Mine Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 24 1915 F. Leo Fennessy

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 5 1942

455·122-03 [redacted]

PLACE OF [redacted] STATE OF IDAHO
[redacted] U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

County of Payette

City of Payette

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

29537

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 24

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	and	3	yes	Apr 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nicklos Munson	FULL MAIDEN NAME	Maud Springer
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Brown Co Minn	BIRTHPLACE	Robison Co Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Barton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

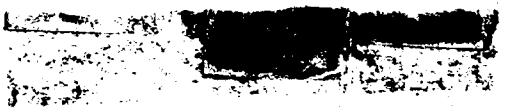
Filed Apr 30, 1915 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



569-129-264-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29538

County of Canyon

City of Payette

Registration District No. 4

File No. [redacted]

No. 409 S. Twelfth St.

Primary Registration District No. 1008

Registered No. 23

Hospital

FULL NAME OF CHILD Ford Eugene Northrop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 29 1915

FATHER	MOTHER
FULL NAME F. F. Northrop, Frank Ford	FULL MAIDEN NAME Hazel E. Weber
RESIDENCE Payette-Oregon, Blake-Oregon	RESIDENCE Payette-Oregon Blake-Oregon
COLOR white	COLOR
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apl. 30 1915 J. C. Woodward

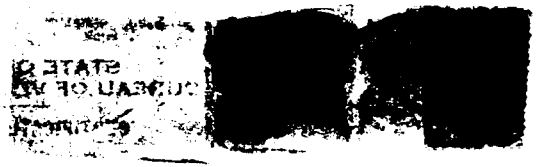
Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



155-111-014-859

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

29539

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 1004 Second Ave S. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 22

FULL NAME OF CHILD Frank Eugene Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Mar. 11 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME R. L. Jenkins	FULL MAIDEN NAME Lela Herline
RESIDENCE 1004 Second Ave. So. Payette, Ida.	RESIDENCE 1004 Second Ave. So. Payette, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE North Dakota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apl 30 19 15 J. C. Woodward
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1975

141-128-001-364

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

29540

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. Shoal Dist - Lowell

File No. .....

Primary Registration District No. 2004

Registered No. 12

FULL NAME OF CHILD Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	\		\	yes	2 (Month) - 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Adams	FULL MAIDEN NAME	Katie Coughlin
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bruce

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address 206 Yates Bldg

Filed 3-30 1915 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-326121

134-2011001-751

amended 1-25-62

(Be sure the information is complete and accurate)

State File No. 29541
Local Reg. No. 11
Reg. Dist. No. 8

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ustick School District
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ustick School District
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Emily
b. (Middle): May
c. (Last): Aldridge

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): March 1, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Herbert
b. (Middle):
c. (Last): Aldridge
8. COLOR OR RACE: white
9. AGE (At time of this birth): 43 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Englund
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Virgena
b. (Middle):
c. (Last): Pease
13. COLOR OR RACE: white
14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Missouri
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: John Boeck
18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Boise, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-30-15
20. REGISTRAR'S SIGNATURE: M.S. Parker
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY
22b. WEIGHT AT BIRTH
23. Was a standard serological test for syphilis performed? [ ] [ ]

GISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

29541

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ustick School District

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. 11

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes.	Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Aldridge	FULL MAIDEN NAME	Virgie Hannibal
RESIDENCE	Ustick School District	RESIDENCE	Ustick School District
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mo.
OCCUPATION	farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... at 3.30 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 3-30 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

JAN 26 1962

APR 1 1974

Certificate of Baptism gives childs name as Emily May Aldridge, Kent. Dated July 28, 1947. Gives mothers name as Virgena Pease.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

29541

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1915 (Date of Event)
in Ustick (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Emily May Aldridge
name of mother	Virgie Hannibal	Virgena A. Pease

Subscribed and sworn to before me this 15th day of January, 19 62

Hazel F. Hansen

Notary Public, residing at Caldwell, Idaho

My commission expires June 6, 1965

(Seal)

Signed Herbert Aldridge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ustick Post Office, Ustick, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 19 65

Hazel F. Hansen

Notary Public, residing at Caldwell Ida

My commission expires June 6, 1965

(Seal)

Signed C. Almarene Anders
(Signature of Any Credible Person)

RT. 1 Eagle, Idaho
(Street Address, City, State)

FORM DH 60-155

Bible record gives father as Herbet Aldridge and mother as Virgena Pease and child born March 1, 1915 as Emily May. Viewed by V.S. Obviously old.

693.115.001-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29542

County of Ada

City of —

No. Near 5 Mile School

Registration District No. 8

File No. —

Primary Registration District No. 2004

Registered No. 10

Hospital

FULL NAME OF CHILD John Adrian Wilkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	March 15th 1915

FATHER		MOTHER	
FULL NAME	William Wilkins	FULL MAIDEN NAME	Minnie F Hoshaw
RESIDENCE	½ Mile No. 5 Mile School	RESIDENCE	½ Mile No. 5 Mile School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 3-30-19 15 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1942

133-195-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—20m—3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29543

County of Ada

City of Franklin School Dist. 8 Registration District No. File No.

No. St.

Primary Registration District No. 2004 Registered No. 9

Hospital

FULL NAME OF CHILD PAUL JOSEPH ALLEN

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	15 - 3 - 1915

FATHER	MOTHER
FULL NAME Benj. F. Allen	FULL MAIDEN NAME Maud Slacker
RESIDENCE Orchard ave ~~Boise~~	RESIDENCE Orchard ave ~~Boise~~
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Carpenter	OCCUPATION Housekpr.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Croom

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Registrar

Filed 3-30 19 15 M S Parker

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29543

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Allen	Paul Joseph Allen

Subscribed and sworn to before me this 20th day of February, 19 42

W. A. Watkins

Notary Public, residing at Boise, Idaho

My commission expires Jan. 20, 1945

(SEAL)

Signed Ben F. Allen. Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 19 42

W. A. Watkins

Notary Public, residing at Boise, Idaho

My commission expires Jan. 20, 1945

(SEAL)

Signed Ella M. Allen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Eagle, Idaho — Route 1

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 25 1942

OCT 22 1971

745-118 01-693

Form V. S. No. 11-C-[illegible]-1-1-13

PLACE OF BIRTH

County of Ada

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29544

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 9

FULL NAME OF CHILD Louis Arthur Guentz

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5th	Yes	March 10th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Albert Guentz	FULL MAIDEN NAME	Elnora Wilmot
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minn. - Fremont	BIRTHPLACE	Minn. - Fillmore Co.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Viable at 1:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Yates Bldg., Boise, Idaho,

Filed 3-30 1915 M S Parker
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of

Certificate No. 29544
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death) for (Name on original certificate) who (Was born or died) on 3-10-1945 (Date of event) in Boise (Place of event), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	No name	Louis Arthur Guenta

Subscribed and sworn to before me this 23rd day of December, 1941.

M Russell
Notary Public, residing at Nampa, Ida.
My commission expires Feb. 28, 1945
[SEAL]

Signed F. A. Guenta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 3, Nampa, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of December, 1941.

M Russell
Notary Public, residing at Nampa, Ida.
My commission expires Feb. 28 1945
[SEAL]

Signed Nora Guenta
(Signature of any credible person other than the previous affiant.)
Rt 3, Nampa, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 23 19

851.229.001-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29545

County of Ada

City of

No. Neal Road St.

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 8

Hospital

FULL NAME OF CHILD Muriel LaVerne Healey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	3 29 1915

FATHER		MOTHER	
FULL NAME	Guy Healey	FULL MAIDEN NAME	Sylvia E Pierce
RESIDENCE	Neal Road	RESIDENCE	Neal Road
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Id.	COLOR	W.
OCCUPATION	Ditch Rider	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Mo
		OCCUPATION	Housewife

Number of child of this mother, including present birth 03

Number of children of this mother now living, including present birth 03

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Partridge

(Physician or midwife)

Address Falk Bldg

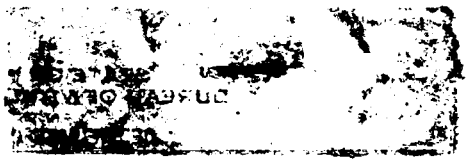
Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed 3-30 19 15 M S Parker
Registrar

S-Y Co. 24656



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29545

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Muriel LaVerne Healey

Subscribed and sworn to before me this 7 day of Jan, 1944

Pauline Ambrose

Notary Public, residing at 1/14/47

My commission expires .....
(Seal)

Signed Mrs Sylvia E. Healey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

FEB 17 1944

JAN 7 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-221-048-425

PLACE OF BIRTH

[redacted]

11-C—25m-1-1-15

County of Shoshone

City of Avery

No. _____ St.

Hospital _____

Registration District No. 32

Primary Registration District No. 2049

File No. 29552

Registered No. _____

FULL NAME OF CHILD Norma M Cain.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femal		Yes	4 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clark L. Cain	FULL MAIDEN NAME	Anna M Useldinger
RESIDENCE	Avery. Ida	RESIDENCE	Avery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Minn.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete M.D.

St Joe (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho

Filed May 15 1915 H L Mulcahy Registrar

Registrar

S-Y CO. 24655

FEB 12 1945

249.105 005 635

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S. No. 11-C—20m-2-15-12

County of Benewah

City of Ferrell

Registration District No. 32

File No. 29553

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Maxwell Smith

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mike Smith	FULL MAIDEN NAME	Mabel Ahr
RESIDENCE	Ferrell	RESIDENCE	Ferrell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Russia	BIRTHPLACE	Indiana
OCCUPATION	Mill worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Ct. Ida Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

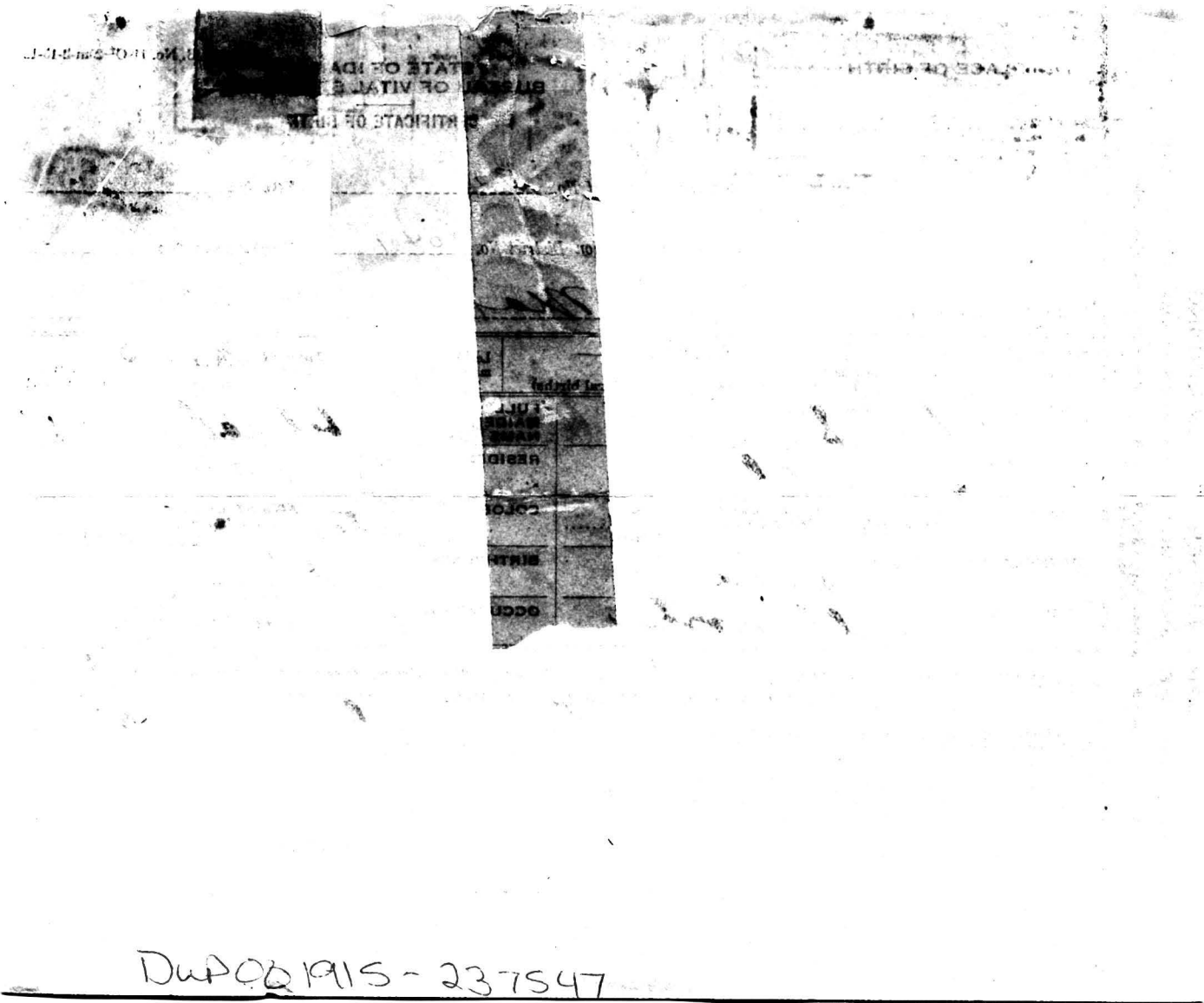
Filed May 15 1915 H. L. Mulcahy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DWP001915-237547

568-125-005-496

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 20554

Primary Registration District No. 2009 Registered No. .....

FULL NAME OF CHILD Wm G Hoyer

Sex of Child	Twin, Triplet or other?	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	9	yes	May 25 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Hoyer	FULL MAIDEN NAME	Julia Droleme
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	w	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Netherlands	COLOR	w
OCCUPATION	Gardener	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Netherlands
		OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Pratt MD

(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 15 19 15 W L Mulcahy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 5 1975

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464221-005-853

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 29355

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Dodson -

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
I	-	2	Yes	4 21 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence M Dodson	Ellen Helgeson
RESIDENCE	St Maries Ida	St Maries
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Nebraska	Sweden
OCCUPATION	Teamster	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 40 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Owen D. Pratt

(Physician or midwife)

Address .....

Filed May 15 19 15 N. L. Mulcahy

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864116-005-819

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29556

Registration District No. 32 File No. [redacted]

Primary Registration District No. 2609 Registered No. .....

FULL NAME OF CHILD Otis Gordon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Two	Yes	April 16 1915

FATHER		MOTHER	
FULL NAME	William Gordon	FULL MAIDEN NAME	Addie M Harding
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Carwhacker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 15 1915 N. L. Mulcahy Registrar

S-Y CO. 24668

318-12-066-144

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [illegible] 6m-1-15

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. [illegible]57

Primary Registration District No. 8196 Registered No. 297

FULL NAME OF CHILD Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	April 21st 1915 (Month) (Day) (Year)

FATHER

FULL NAME L. A. Taylor

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Stock-buyer

MOTHER

FULL MAIDEN NAME Madge Judd

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-1-15 19..... Dr. J. C. Patterson Registrar

S-1 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-101-016-249

PLACE OF BIRTH.

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29558

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. [redacted]6299

FULL NAME OF CHILD Duane Willard Lund

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	First	Yes.	April 1st 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Willard Lund.	Mary Smith
RESIDENCE	Burley.	Burley
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Utah USA	Idaho USA.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Cramer

(Physician or midwife)

Address Burley.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-4 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

FEB 9 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 29 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 29558

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lund (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Duane Willard Lund

Subscribed and sworn to before me this 1st day of April, 1968

Notary Public, residing at ..... WINIFRED MILES
My commission expires ..... NOTARY PUBLIC
(Seal) STATE OF CALIFORNIA
WINIFRED MILES COUNTY OF RIVERSIDE
My Commission Expires July 1, 1969

Signed Mary M. Lund
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3843 Mennes, Riverside
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Riverside, 1969

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of April, 1968

Notary Public, residing at Riverside, Calif.
My commission expires .....
(Seal) MY COMMISSION EXPIRES FEBRUARY 2, 1970

SANDRA ROWLAND
NOTARY PUBLIC
RIVERSIDE CO., CALIF.

Signed Carrie B. Lund
(Signature of Any Credible Person)

3545 - 3rd St Riverside Calif
(Street Address, City, State)

FORM DH 60-155 CL. 3-20-68. 7m. one copy rd. Rec. #32590

LDS Church Cert. of Baptism and Confirmation, dated July 14, 1923, gives full name as Duane Willard Lund, son of Geo. Willard Lund and Mary Smith, born April 1, 1915 at Burley, Idaho - viewed by VS.

MAY 20 1968

Social Security Card, date of issue 12-18-36, #558-01-8149, gives full name as Duane Willard Lund - viewed by VS.

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of Riverside } S.S.

On this 18 day of April 19 68, before me,
the undersigned, a Notary Public in and for said Riverside County,
(SEAL) personally appeared Mary M. Lund

known to me to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same.

WITNESS my hand and official seal.

SANDRA ROWLAND
NOTARY PUBLIC
RIVERSIDE CO., CALIF.

Sandra Rowland

Notary Public in and for said Riverside County and State
My commission expires MY COMMISSION EXPIRES FEBRUARY 2, 1970

P-169 11-64

652.105-016-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-3-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29559

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 298

FULL NAME OF CHILD John C. Webster

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			yes	Apr. 5th (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John A. Webster	FULL MAIDEN NAME	Marie Cardinal
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Canada.
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 5-1-15 19..... Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-213-016.659

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 29560

Primary Registration District No. 2196 Registered No. 294

FULL NAME OF CHILD Baby Nickerle

Sex of Child	Twin ✓ Triplet or other?	(To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
De	2	and	2	yes	4-13-15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. F. Nickerle	FULL MAIDEN NAME	Adeline Ferguson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Mo.
		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-17 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751.109.016249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Pella Burley

Registration District No 117 File No 29561

No ....., ... St.

Primary Registration District No 2196 Registered No. 306

Hospital .....

FULL NAME OF CHILD Udell Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anna M. Pearson	Alma Burgh
RESIDENCE	Burley Idaho	Burley Idaho
COLOR		
AGE AT LAST BIRTHDAY	46 (Years)	43 (Years)
BIRTHPLACE	Utah	New York
OCCUPATION	Farmer	School Teacher

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Heath

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 15 1915 Dr. J. C. Patterson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 14 85
SEP 19 1988

295-015-016-659

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 29562

Primary Registration District No. 2196 Registered No. 301

FULL NAME OF CHILD Estella Viola King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	4-15-15 1915

FATHER

FULL NAME J. D. King

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE N. Y.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Francis Ferguson

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Colo.

OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. BOISE

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 5-1-15 19..... Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1974

318-204-016-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29563

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 302

FULL NAME OF CHILD ~~Theda~~ WANDA Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	April 4th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. R. Taylor	FULL MAIDEN NAME	Beth Bennett
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D. ~~Burley, Ida.~~
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 5-1-15 19.... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 29563

JUN 23 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Theda Taylor (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on April 4,1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Theda	Wanda Taylor

Subscribed and sworn to before me this 21st day of June, 1943

Notary Public, residing at Burley, Idaho

My commission expires Feb.1,1946
(Seal)

Signed W.R. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father.

230 N.Miller Ave. Burley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1943

Notary Public, residing at Burley, Idaho

My commission expires
(Seal)

Signed Geo. W Stutzman
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho.
(Street Address, City, State)

JUN 2 5 1943

619-109-016-968

PLACE OF BIRTH name added 8-13-82

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29564

County of Cassia

City of

No. St.

Hospital

Registration District No. 117

File No.

Primary Registration District No. 2196

Registered No. 305

FULL NAME OF CHILD George Loraine Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George David Ward	FULL MAIDEN NAME	Laura Amelia Rohlfing
RESIDENCE	Marshfield	RESIDENCE	Marshfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Elba Cassia Co. Idaho	BIRTHPLACE	Brooklyn N.Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number [illegible] er, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I [illegible] tended the birth of this child, who was Born Alive at 7:30 A.M. on the [illegible] (Born alive or stillborn)

{ mid[illegible] no attending physician or mak[illegible] er, householder, etc., should neit[illegible] stillborn child is one that afte[illegible] hows other evidence of life }

(Signature) [illegible] Thar. Rab[illegible]

[illegible] (Physician or midwife)

[illegible] a supplemental report.

Address Burley Idaho

19

Filed 5-1-15 19 Dr. J. C. Patterson

Registrar

Registrar

S-Y CO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 9 8 21 AM '82

State of _____ } ss.
County of _____

Certificate No. 29564
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ward (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 9, 1915 (Date of Event)

in Cassia County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	George Loraine Ward

Subscribed and sworn to before me this 3 day of AUGUST, 1982.

Notary Public, _____
Residing at Salt Lake City, Utah
My commission expires 7-2-85
(Seal)

X Gladys W. Pickett
Signature of Applicant

7600-129th SE #42 Renton, Wash. 98056
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

AUG 13 1982

Cert of Blessing for George Loraine Ward son of George D Ward and Laura A Rohlfing born 4-9-15 at Cassia County was blessed 6-6-15. Viewed by V.S.

Cert of Ordination to the office of a Deacon in LDS Church gives George Loraine Ward born 4-9-16 at Declo, Cassia County to George D Ward and Laura A Rohlfing was baptised 5-6-23. Viewed by V.S.

623-130-016-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 20565

Primary Registration District No. 2196 Registered No. 304

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Osterhout	FULL MAIDEN NAME	Lillie Manful
RESIDENCE	Burley Ida R1	RESIDENCE	Burley Ida R1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed 5-10-15 19.... Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-110-016-266 name added 4/17/80

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley R/ Registration District No. 117 File No. 29566

No. ..... St. Primary Registration District No. 2196 Registered No. 303

Hospital .....

FULL NAME OF CHILD Carl John Lloyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	4	10	1915

FATHER	MOTHER
FULL NAME: Willis J Lloyd	FULL MAIDEN NAME: Mary Bowen
RESIDENCE: Burley-RI	RESIDENCE: Burley RI
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. V. Story

(Physician or midwife)

Address Burley Ida.

Filed 5-10-15 19..... W. J. C. Patterson Registrar

S-Y CO. 24695

K

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 14 2 12 PM '80
County of ..... }

Certificate No. 29566

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lloyd (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1915 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Carl John Lloyd

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of February, 1980

Isabel Wagner
Notary Public, residing at Burley
My commission expires life
(Seal)

Signed Alvin E. McBride
(Signature of Any Credible Person)
1769 Oakley Ave
Burley Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8/30/77

Old Driver's lecense from Idaho No. 193935 issued 11-18-36 gives name as Carl J. Lloyd, Almo, Idaho. born April 10, 1915. viewed by V. S.

LDSchurch records gives name as Carl John Lloyd born April 10, 1915 Blessed July 4, 1915 and Baptized Sept 29, 1923. viewed by V. S.

APR 17 1980

APR 17 1980

593.213.016-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-3-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 29568

Primary Registration District No. 2196 Registered No. 293-

FULL NAME OF CHILD Edith L. Nickels

Sex of Child	Twin ✓ Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1		1	Yes	Oct. 13th 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. F. Nickels	FULL MAIDEN NAME	Adeline Ferguson
RESIDENCE	Burley 2 da.	RESIDENCE	Burley 2 da.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.50 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, 2 da.

Filed 4-14-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-115-016-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29569

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 296

FULL NAME OF CHILD Jedd M. Parr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Jan. 15 1915

FATHER		MOTHER	
FULL NAME	M. B. Parr	FULL MAIDEN NAME	Elizabeth Watkins
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Bookkeeper	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed 5-1-15 19.... Dr. J. C. Patterson Registrar

S-Y CO. 24658

NOV 2 1976

466-2191009243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Blue Creek

No. ..... St.

Hospital

Registration District No. 81 File No. 1

Primary Registration District No. 2158 Registered No. 57

FULL NAME OF CHILD Lottie Violet Doolittle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	April 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural birth.)

FATHER		MOTHER	
FULL NAME	Wallace Orbella Doolittle	FULL MAIDEN NAME	Jennie Ellen Kulander
RESIDENCE	Priest River (Blue Creek	RESIDENCE	Priest River (Blue Creek)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Priest River Ida

Filed April 22 1915 E D McCarty Registrar

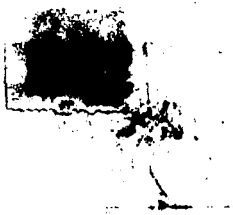
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO AUG 1 9 1944

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 29570

County of King } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lottie Violet Doolittle (Name on Original Certificate) who was born (Was Born or Died) on Apr. 19 1915 (Date of Event)

in Priest River, Idaho (Place of Event) ~~are erroneous or were~~ omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on April 26, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lottie Violet Doolittle

Subscribed and sworn to before me this 17 day of August 1944

Phillip F. Harrold

Notary Public, residing at Seattle

My commission expires 2-3-48

(Seal)

Signed X Wallace O Doolittle ← Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11752 - 21 St NE Seattle Wash 56

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.

County of King }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of August 1944

Phillip F. Harrold

Notary Public, residing at Seattle

My commission expires 2-3-48

(Seal)

Signed X Mrs Wallace O. Doolittle

(Signature of Any Credible Person)

(Street Address, City, State)

11752 - 21st N.E.

Seattle 55. Wash

AUG 2 9 1944

JAN 1 0 1975

714-181-009-466

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29571

County of Bonner

City of Coolin

No. ____ St.

Hospital ____

Registration District No. 81 File No. 1

Primary Registration District No. 2158 Registered No. 30

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 15 1915

FATHER		MOTHER	
FULL NAME	Lemard Paul	FULL MAIDEN NAME	Vera Connor Moore
RESIDENCE	Coolin	RESIDENCE	Coolin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	British Columbia
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 34 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. McCarthy

Physician (Physician or midwife)

Address Priest River

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 21 1915 E. D. McCarthy

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515119-009-866

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29572

County of Bonner

City of Hope Id

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 776

FULL NAME OF CHILD Burton Hezschel Van Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 19 1915

FATHER		MOTHER	
FULL NAME	Ernest C Van Stone	FULL MAIDEN NAME	Mary Fowler
RESIDENCE	East Hope	RESIDENCE	East Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	BIRTHPLACE	Illinois
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L Moody
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Hope Ida

Filed May 8 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-10-41

JAN 28 1948

MAR 9 1948

OCT 11 1945

362-220-009-795

PLACE OF BIRTH Amended 4/29/74

STA[redacted]

Form V. S. No. 11-C—10m-8-7-11

County of Boner

Bureau [redacted]tics

City of Ladede

CERTIFICATE OF BIRTH

29573

Registration District No 78 File No.

No ....., ... St.

Primary Registration District No. 2138 Registered No. 777

Hospital .....

FULL NAME OF CHILD Trintee Ellen Tober

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	/		—	Yes	March 20, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Allen Tober	FULL MAIDEN NAME	Christina Gregor
RESIDENCE	Ladede	RESIDENCE	Ladede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Russia
OCCUPATION	Sta. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen

(Physician or Midwife)

Given names added from a supplemental report

Address Ladede

....., 19.....

Filed March 8 1915 M McKinney

SYMS - YORK CO., PTRS. & BDRS., 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 11 9 21 AM '74

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of .....
County of .....

Certificate No. 29573
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Trintie Ellen Tabor (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)
in Bonner Co., Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Tabor	Taber

Subscribed and sworn to before me this 1st day of July, 1974

Notary Public, residing at Portland Oregon
My commission expires November 19, 1977
(Seal)

Signed Frances M. Taber Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8419 S.E. Barbara Welch Rd
(Street Address, City, State) Portland, Or

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1974

Notary Public, residing at Portland
My commission expires November 19, 1960
(Seal)

Signed Joan Meyer
(Signature of Any Credible Person)

618 4th St SW
(Street Address, City, State)
Puyallup Wash.

FORM DPH 55. 155

1 cpy paid

School District No. 1, Multnomah,County, Oregon gives name as Trintie Taber dated Jan. 24, 1930. viewed by V. S.

APR 29 1974

Baptismal record from the Methodist Episcapal Church gives name as Trinty Ellen Taber daughter of John A. and Christina Taber. born in Leclede, Idaho on Mar. 20, 1917. Was Baptized April 8,1917. viewed by V. S.

961-1171-609-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope Ida

No. _____ St.

Hospital _____

Registration District No. 7 8 File No. 29574

Primary Registration District No. 2153 Registered No. 7 7 8

FULL NAME OF CHILD Kesley A Rojan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 17 1915

FATHER	MOTHER
FULL NAME August H Rojan	FULL MAIDEN NAME Johanna Jacobson
RESIDENCE East Hope	RESIDENCE East Hope
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody M.D.
(Physician or midwife)

Address Hope Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 8 19 15 M M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 17 1941

613-131-009-842

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No ....., ... St.

Hospital .....

Registration District No 78

File No. 29575

Primary Registration District No. 2155

Registered No. 779

FULL NAME OF CHILD Louis Allen Walter

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy			March 31, 1915

FATHER		MOTHER	
FULL NAME	Allen Roy Walter	FULL MAIDEN NAME	Anna G Husek
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Elkport Iowa	BIRTHPLACE	Austra Hungary
OCCUPATION	Blacksmith	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah Starr.

Laclede, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 8 1915 M. McKinnon

Registrar

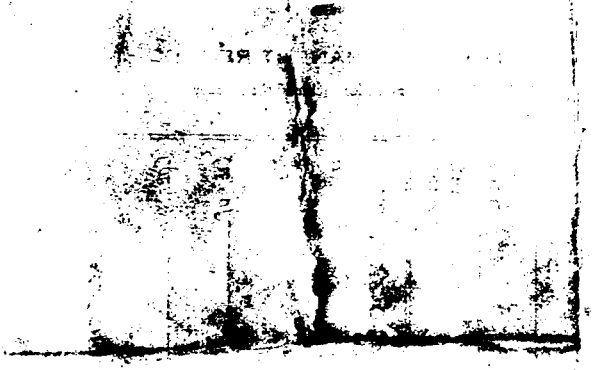
Registrar

SYMS & BOOK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DEC 10 1948

553-205 009-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 29576

No. ..... St.

Primary Registration District No. 2155 Registered No. 780

Hospital .....

FULL NAME OF CHILD Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ladvig Nelson	FULL MAIDEN NAME	Magn Davis
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Night Watch at mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed May 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1973

229-113-009-216

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 29577

No. ____ St.

Primary Registration District No. 2155 Registered No. 781

Hospital ____

FULL NAME OF CHILD ALLAN WEIDNER Skindlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 13 1915

	FATHER	MOTHER
FULL NAME	Andreas Skindlov	FULL MAIDEN NAME Olea Bjornaby
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	25 (Years)
BIRTHPLACE	Norway	N D
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Mc Kinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed May 8 19 15 M Mc Kinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of SPOKANE }

Certificate No. 29577

Date Filed APR 21 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for ALLAN WEIDNER SKINDLOV (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on APRIL 13, 1915 (DATE OF EVENT) in SANDPOINT, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on APRIL 13, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Allan Weidner Skindlov

Subscribed and sworn to before me this 16th day of April, 1942

Ethel S. Wellever

Notary Public, residing at Spokane, Wn

My commission expires Nov 22-1944

(SEAL)

Signed A. M. Skindlov (FATHER)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

E1028 - 5TH AVE., SPOKANE, WASH

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16TH day of APRIL, 1942

Ethel S. Wellever

Notary Public, residing at Spokane, Wn

My commission expires NOV. 22, 1944

(SEAL)

Signed Olea L. Skindlov (MOTHER)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

E1028 - FIFTH AVE., SPOKANE, WASH

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 2 4

391-213-009556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29578

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2135 Registered No. 782

Hospital

FULL NAME OF CHILD Jeannette Marian Cranston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A M Cranston	Bell Irene Newman
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	
BIRTHPLACE	S Dak	Minn
OCCUPATION	Hardware merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Filed May 8 1913 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 7 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 24 1976 Bureau of Vital Statistics

State of IDAHO } ss. Certificate No. 29578

County of BONNER } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cranston (female) (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1915 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jeannette Marian Cranston

Subscribed and sworn to before me this 21st day of May, 1976

Notary Public, residing at Jim Parsons Jr SANDPOINT Idaho

My commission expires 4-1-80

(Seal)

Signed Chas E Selle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

710 N. 6th SANDPOINT IDA 83864

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May, 1976

Notary Public, residing at Sandpoint

My commission expires 5/1/77

(Seal)

Signed Chas. A. Stidwell

(Signature of Any Credible Person)

611 N 3rd Sandpoint Idaho 83864

(Street Address, City, State)

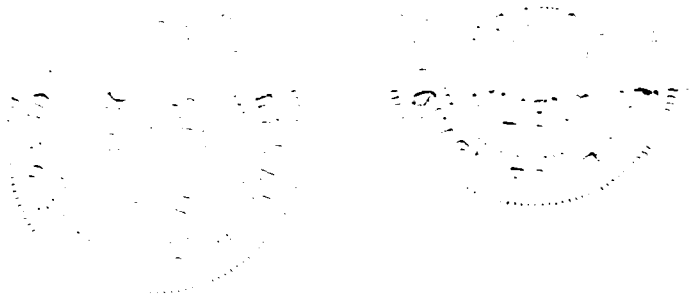
FORM DH 60-155

CL 2/17/76

Family Bible record gives name as Jeannette Marion Cranston born Tuesday April 13, 1915. viewed by V. S.

MAY 2 6 1976

Marriage License from Idaho gives name as Bert E. Satterlee and Jeannette Cranston. dated Nov 4, 1936. viewed by V. S.



245-220-009.000

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 29579

Primary Registration District No. 2155 Registered No. 783

FULL NAME OF CHILD Jean Adell Bunde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Apr 20 1915

FATHER		MOTHER	
FULL NAME	H H Bunde	FULL MAIDEN NAME	Lilla
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Tailor	AGE AT LAST BIRTHDAY (Years)	41
		BIRTHPLACE	Ohio
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M McKinnon

(Physician or Midwife)

Address Sandpoint Ida.

Given names added from a supplemental report.

..... 19.....

Filed May 8 1915 M McKinnon

..... Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

AUG 11 9 35 AM '77

Certificate No. 29579

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bunde (Female) (Name on Original Certificate) who was born (Was Born or Died) on Apr 20, 1915 (Date of Event)
in Sandpoint, Idaho (Bonner) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jean Adell Bunde

Subscribed and sworn to before me this 9th day of August 19 77

Notary Public, residing at Spokane, Co Wa

My commission expires 2-15-78

(Seal)

Signed Jean Adell Bunde (Chamberlin)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August 19 77

Notary Public, residing at Spokane, Wa

My commission expires 2-15-78

(Seal)

Signed Frieda Shaffer (Bunde) sister
(Signature of Any Credible Person)

N 2423 Center Spokane
(Street Address, City, State)

FORM DH 80-155

CL 7/18/77 nm

Washington

Own child's birth certif on file in Idaho gives mother s name as Jean Adell Bunde. child s name as Karen Sue Chamberlin born DEc 11, 1946. father s name as Donald Lee Chamberlin. enterd on record Dec 19 1946. viewed by VS

SEP 7 1977

U.S. Passport gives name a s Jean Adell Chamberlin born Apr. 20 1915 in Idaho. issured March 8, 1967. viewed by V. S.

413223.009.415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29580

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 784

FULL NAME OF CHILD Violet Hildegard Malmquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	4 - 23 1915

FATHER		MOTHER	
FULL NAME	John Malmquist	FULL MAIDEN NAME	Hattie Davidson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Hurp

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed May 8 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 3 1968
Bureau of Vital Statistics

State of Florida
County of Pinellas } ss.

Certificate No. 29580

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Malmquist (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bap.Ctf., Conf.Ctf. (Bible Record, Insurance Policy, Etc.) prepared on 10-17-15 & 5-19-29 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Malmquist	Violet Hildegard Malmquist

Subscribed and sworn to before me this 26th day of September, 1968.

Notary Public, residing at St. Petersburg, Florida.

My commission expires

(Seal)

Signed Hedwig M. Malmquist
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

4743-38 Ave. N. St. Petersburg Florida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Florida~~ Florida
County of ~~Pinellas~~ Pinellas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October, 1968.

Notary Public, residing at Clearwater, Fla.

My commission expires NOTARY PUBLIC, STATE of FLORIDA at LARGE
MY COMMISSION EXPIRES MAR. 6, 1970
(Seal) BONDED THROUGH FRED W. DIESELHORST

Signed John Turnbull
(Signature of Any Credible Person)

705 Crest Ave Clearwater Fla.
(Street Address, City, State)

FORM DH 60-155

Photocopy of Certificate of Baptism gives name as Violet Hildegard Malmquist. baptized Oct 17, 1915. viewed by V.S.

Certificate of confirmation (photo copy) gives name as Violet Hildegard Malmquist dated May 19, 1929, Robert W. Ericsson, Pastor, Ev. Lutheran Church. viewed by VS.

OCT - 7 1968

213-225-009-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29581

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 785

FULL NAME OF CHILD .....

Sex of Child f.	Twin Triplet or other? 1 and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alton E. Batt	FULL MAIDEN NAME	Mary Elizabeth Steel
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Indiana
OCCUPATION	Laborer in woods	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Jackson

..... (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Sandpoint

Filed May 8 1915 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962.126.009-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-d-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of 78 Bonner

City of 2135

No. ..... St.

Hospital .....

Registration District No. 78 File No. 29582

Primary Registration District No. 2135 Registered No. 786

FULL NAME OF CHILD Frank Monroe Rose

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 26 1915

FATHER		MOTHER	
FULL NAME	Roy Rose	FULL MAIDEN NAME	Edith Burns
RESIDENCE	Metmond	RESIDENCE	Metmond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Montana
OCCUPATION	farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Patterson

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 8. 19 15 M. McKenna Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1941

JUN 30 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

101-006-253

BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29583

City of Aberdeen

Registration District No. 116

File No. 2

No. ..... St.

Primary Registration District No. 2195

Registered No. 88

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	-		-	Yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter William Bartel	FULL MAIDEN NAME	Sara Becker
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Ap 1 1915 M C MacKinnon

Registrar

Registrar

S-Y CO. 20174

653204 006-384

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29584

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116

File No. 2

Primary Registration District No. 2195

Registered No. 90

FULL NAME OF CHILD Lavida Jeanette Wells

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Ap 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Ernest Wells	FULL MAIDEN NAME	Myrtle Elizabeth Thurston
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

(Physician or midwife)

Address Aberdeen Ida

Filed Ap 4 1915 M C MacKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-205-0006-758 (Be sure the information is complete and accurate)

Amended 4-11-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29585
Local Reg. No. 2
Reg. Dist. No. 91

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Berthie b. (Middle): Catherina c. (Last): Phillips

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 5, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Roy b. (Middle): B. c. (Last): Phillips

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Johanna b. (Middle): c. (Last): Pehrson

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M.C. MacKinnon

19. ADDRESS: Aberdeen, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 6, 1915

22. REGISTRAR'S SIGNATURE: M.C. MacKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

3-4-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss.

Certificate No. 29585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Florance Phillips (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1915 (Date of Event)
in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Florence Phillips	Berthie ~~Bertha~~ Catherina Phillips

Subscribed and sworn to before me this 11th day of March, 19 68

Lavon L Barnes

Notary Public, residing at Aberdeen

My commission expires 7-7-70

(Seal)

Signed Johanna V. Phillips George
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 19 68

Lavon L Barnes

Notary Public, residing at Aberdeen

My commission expires 7-7-70

(Seal)

Signed Mrs Rosa Phillips
(Signature of Any Credible Person)

Am. Falls Ida.
(Street Address, City, State)

FORM DH 60-155

documents viewed & O.K.'d by Mr. Benson

L.D.S. Certificate of Blessing, date blessed June 6, 1915, gives name as Catharine Bertha Phillips, born April 5, 1915, at Aberdeen, Idaho, daughter of Roy B. and Johanna Pehrson - viewed by V.S.

L.D.S. Certificate of Baptism and Confirmation, baptized Aug. 4, 1923, certifies that Bertha Catherina Phillips, ~~xb~~ born May 4, 1915, at Aberdeen, Idaho, daughter of Roy Phillips and Johannah Pehrson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29585

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 91

FULL NAME OF CHILD Florence Phillips

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	7 00	april 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy B Phillips	FULL MAIDEN NAME	Johanna Pehrson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed ap 6 1915 McMacKinnon

Registrar

S-Y CO. 20174

Registrar

APR 1 1 1968

168-209-006-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29586

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 2

Registered No. 92

FULL NAME OF CHILD ELSIE IOLA JOHNSTONE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	April 9 1915

FATHER	MOTHER
FULL NAME Nicholas Johnstone	FULL MAIDEN NAME Carrie Beney
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson M.D.
(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apl 10 1915 M. C. Martinson Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 29586

SEP 16 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Iola Johnstone (Name on Original Certificate) who Born (Was Born or Died) on April 9, 1915 (Date of Event)
in Aberdeen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elsie Iola Johnstone

Subscribed and sworn to before me this 12th
day of Sept. 1942.

John B. Peterson
Notary Public, residing at Twin Falls Ida

My commission expires Jan 7, 1946
(Seal)

Signed Nicholas J. Johnstone Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT 3 Twin Falls - Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Sept, 1942.

Notary Public, residing at Twin Falls - Ida

My commission expires Jan 7, 1942
(Seal)

Signed Dorothy Lieuman
(Signature of Any Credible Person Other Than Previous Year)

Route 3, Twin Falls Idaho
(Street Address, City, State)

SEP 18 1942

612-218-006-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29587

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 93

FULL NAME OF CHILD Mary Fast

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	April 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter John Fast	FULL MAIDEN NAME	Eliza Claassen
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Ap 18 1915 McMackinnon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1958

764122-006-962

PLACE OF BIRTH

Form V. S. No. 11-U-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29588

County of Bingham

City of Yuma

No. ..... St.

Hospital .....

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 94

FULL NAME OF CHILD HAROLD JOSIAH GOUGH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Cyrus Gough	FULL MAIDEN NAME	Melinda Robinson
RESIDENCE	Yuma ~~Aberdeen~~ Ida	RESIDENCE	Yuma Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth Sixth Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmackinnon MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Apr 22 1915 McCmackinnon

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 16 1941
County of Twin Falls

Certificate No. 29588
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Herald Josiah Gough (Name on original certificate) who was born (Was born or died) on April 21, 1915. (Date of event)
in Sterling, Bingham Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts ~~as shown by~~ of my own knowledge prepared on ~~as his mother~~ (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gough	Herald Josiah Gough

Subscribed and sworn to before me this 15th
day of October, 1941.

Notary Public, residing at Buhl, Idaho
My commission expires
[SEAL]

Signed Melinda Gough (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of October, 1941.

Notary Public, residing at Buhl, Idaho
COMMISSION EXPIRES
My commission expires MARCH 15, 1945
[SEAL]

Signed John Cyrus Gough
(Signature of any credible person other than the previous affiant.)
Buhl, Idaho
(Street Address, City, State)

Received for filing on By E. J. Gooch
(Registrar's signature)

698-111-0 29.354

Form V. S. No. 11-C—20m-2-15-12

CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 63 File No. 29590

No. St.

Primary Registration District No. 2143 Registered No. 69

Hospital

FULL NAME OF CHILD Alex Fry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	april 11 1915

FATHER		MOTHER	
FULL NAME	Enoch A Fry	FULL MAIDEN NAME	Mattie Templeton
RESIDENCE	Kendrick Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo	BIRTHPLACE	Kas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Enoch A. Fry

father (Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 17, 19 15 J. E. Hoyt
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-226-029-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 29591

Primary Registration District No. 2143 Registered No. 68

FULL NAME OF CHILD Ruby Ada Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Riley	FULL MAIDEN NAME	Sarah Bechtol
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Indiana
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kendrick Idaho

Filed May 1st 1915 J. E. Hoyt Registrar

Registrar

S-Y CO. 20174

JUL 19 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-215-029-456

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 63 File No. 29592

Primary Registration District No. 2143 Registered No. 67

FULL NAME OF CHILD Edwardine Evelin Bechtol

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Ap. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer E. Bechtol	FULL MAIDEN NAME	Louise Carrie Deobald
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Furniture Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kendrick Idaho

Filed May 1 1915 J. E. Hoyt

Registrar

Registrar

R-Y CO. 20174

85-228:029093

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

29593

Registration District No. 63 File No. ____

Primary Registration District No. 2143 Registered No. 66

FULL NAME OF CHILD Flora Effie Heath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 28 1915

FATHER		MOTHER	
FULL NAME	Edward Newton Heath	FULL MAIDEN NAME	Mildred Evelyn Kittrell
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wallace Idaho	BIRTHPLACE	Kettle Falls. Wash.
OCCUPATION	Living-Proprietor	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.
(Physician or midwife)

Address Kendrick Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 1st 1915 J. E. Hoyt
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1943

957-105-029-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick

No. ..... St.

Hospital .....

Registration District No. 63 File No. 29594

Primary Registration District No. 2143 Registered No. 65

FULL NAME OF CHILD Ronald Jordan Ingle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Ap. (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Leon Ingle	FULL MAIDEN NAME	Emma Brunty
RESIDENCE	near Kendrick Idaho	RESIDENCE	near Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell

(Physician or midwife)

Address Kendrick Idaho

Filed May 1st 1915 J. E. Hoyt Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884 [redacted] 16-415

PL[redacted]TH

STATE [redacted] 12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]a

City of Albion

Registration District No. _____ File No. 29595

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD HAROLD HENRY ~~[redacted]~~ Hymas

Sex of Child: Male

Twin, Triplet or other? Single (To be answered only in event of plural births) and Number in order of birth: 7

Legitimate? Yes

Date of Birth: April (Month) 7 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: W J Hymas	FULL MAIDEN NAME: Della Davis
RESIDENCE: Albion	RESIDENCE: Albion
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer & stagedriver	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

(Physician or midwife) Physician

Address Albion Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 4-10- 1915

Registrar

S-7 CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah Idaho } ss.
County of Boise Ada }

Certificate No. 29595

Date Filed 4/

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edward Dewey Hyman (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on April 9, 1915 (DATE OF EVENT)
in Albion Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edw. Dewey Hyman	Harold Henry Hymas

Subscribed and sworn to before me this 23
day of April, 1942

Notary Public, residing at Boise

My commission expires 1/17/1944
(SEAL)

Signed Mrs Arthur Hyman.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 24 1942

455·125·016-433

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29596

County of Cassia

City of Albion

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Julian Edward Denton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5	Yes	Apr (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T A Denton	FULL MAIDEN NAME	Martha McCoid
RESIDENCE	Albion	RESIDENCE	~~White~~ Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth No. 5 Number of children of this mother now living, including present birth No. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Albion

Filed 5-1- 1915

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845 221-016-533

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29597

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maxine Hunt

Sex of Child Female | Twin, Triplet or other? One | and | Number in order of birth One | Legitimate? Yes | Date of Birth Apr 21 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Earl Y Hunt	FULL MAIDEN NAME Emma Ellibee
RESIDENCE Albion	RESIDENCE Albion
COLOR White	COLOR White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Colo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I K H Greene

Physician (Physician or midwife)

Given names added from a supplemental report.

Apr 21 1913

I K H Greene Registrar

Address Albion Ida

Filed 5-14 1913

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
'77 JUN 10 53 AM

State of IDAHO } ss.
County of ADA

Certificate No. 29597

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hunt (female) (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Maxine Hunt

Subscribed and sworn to before me this 3 day of
MARCH 1977.
Notary Public, residing at Boise, Idaho
My commission expires 8-18-80
(Seal)

Signed X Emma E. Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1855 W. Franklin Boise Ida
518-26-3905 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of
March, 1977
Margaret E. Voyt
Notary Public, residing at Heyburn, Idaho
My commission expires 5 Dec. 1977
(Seal)

Signed Henry Peterson
(Signature of Any Credible Person)
931 Overland Ave Burley Ida
(Street Address, City, State)

FORM DH 60-15 CL 12/17/75 RUSH

Certif of Blessing from the LDS Church gives name as Maxine Hunt born April 21, 1915 at Albion,Idaho. Blessed Sept 4, 1921. at Rupert, Idaho. father's name as Earnest E. Hunt and mother's name as Emma J. Hunt. viewed by V.S.

APR 15 1977

Certif of Baptism and Confirmation from the LDS Church gives name as Maxine Hunt born April 21, 1915 at Albion, Idao Baptized July 13,1924. viewed by V. S.

Diploma from Idaho (Elementary School) gives name as Maxine Hunt dated May 19, 1930 in Rupert, Idaho. viewed by V. S.

791-201-016-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. _____ File No. 29598

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Audry Leone Pratt

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	single (To be answered only in event of plural births)	One	Yes	4 (Month), 1 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leon M Pratt	FULL MAIDEN NAME	Sarah E Bailey
RESIDENCE	Albion Ida.	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7-15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Albion Ida.

R H Greene Local Registrar

Filed apr 1915 _____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 6 1967

249-111-02

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29599

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Harry Bund

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	April 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Bund	FULL MAIDEN NAME	Eric Adams
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 11th 1915 at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry Idaho

Filed April 20 1915 J. W. Davis M. D.
Registrar

Registrar

8-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 105 [illegible]-745

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. _____ St.

Hospital _____

Registration District No. 36

File No. 29600

Primary Registration District No. 2021

Registered No. _____

FULL NAME OF CHILD Willard Cowan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	April 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Cowan	FULL MAIDEN NAME	Tinnie G. Green
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 5-1915 at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Glenn's Ferry Idaho

Filed April 7 1915 J. W. Davis M. D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/28/41 L. B.

236-219-035-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

City of Midvale

~~County of~~ Washington

~~City of~~ Nez Perce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29601

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 17

FULL NAME OF CHILD Adelia Evelyn Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	4 - 19

FATHER		MOTHER	
FULL NAME	Law Scott	FULL MAIDEN NAME	Susie E. Barker
RESIDENCE	Midvale, Ida.	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Home Keeper

Number of child of this mother, including present birth ... Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho

Filed 5-1 19 19 E. E. Watts

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2-2-73

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 14 11 03 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss.

Certificate No. 29601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delia Eveline Scott (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1915 (Date of Event)
in Nez Perce Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Delia Eveline Scott	Adelia Evelyn Scott

Subscribed and sworn to before me this 9th day of February, 19 73

Notary Public, residing at Mt Home Idaho

My commission expires 6-12-75

(Seal)

Signed Susie E. Wallace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 E 4 North - Mt Home, Idaho 83647
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH-60-155

Own child's birth certificate on file in Idaho (File No. 50-519) gives child's name as James Leonard Corbus. bron 1-31-50 gives fathe 's name as Franklin Gerry Corbus and the mother's name as Adelia Evelyn Scott. Viewed by V. S.

MAR 28 1975

Marriage Licesne from IDaho gives name ~~xx~~ of groom as Frank H. Crobus and the bride's name as Adelia E. Scott. Dated July 29, 1938. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

673.220-035-266

U. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Melrose, Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29602
3

Registration District No. 92 File No. .....

Primary Registration District No. 2170 Registered No. 18

FULL NAME OF CHILD Mary Florence Ogle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Girl				yes	4-20-1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Ogle	FULL MAIDEN NAME	Sophronia Bowers
RESIDENCE	Melrose, Ida.	RESIDENCE	Melrose, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer.	OCCUPATION	Home-Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 11 45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho

Filed 5-1 19 18 E. Ea Watts Registrar

S-Y CO. 24695

MAY 8 1956

355-120-035-632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29603

County of Nezperce

City of Agatha Ida

Registration District No. 92 File No. 3

No. ..... St.

Primary Registration District No. 2170 Registered No. 19

Hospital ..... Lawrence Everett

FULL NAME OF CHILD Lawrence Everett Lee.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Apr (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Lee.	FULL MAIDEN NAME	Ella Olson.
RESIDENCE	Agatha Ida.	RESIDENCE	Agatha Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31. (Years)
BIRTHPLACE	Independance Wis	BIRTHPLACE	Philmore Co Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X (Born alive or stillborn) at 7-15 am. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoskin.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Agatha Ida.

Filed 5-1 1915 E. E. Watts

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 23 1942
County of Nez Perce }

Certificate No. 29603

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lawrence Everet Lee (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 20, 1915 (DATE OF EVENT)
in Agatha (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as ~~shown~~ by Stand By Mailer (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lawrance Evret Lee	Lawrence Everett Lee

Subscribed and sworn to before me this 20.
day of January, 1942.

Ruby Wiggenton

Notary Public, residing at Lewiston Idaho.

My ~~commission expires~~ CLERK OF THE DISTRICT COURT AND
(SEAL) EX-OFFICIO AUDITOR AND RECORDER

Signed Albert Lee
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

North Lewiston, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20.
day of January, 1942.

Ruby Wiggenton

Notary Public, residing at Lewiston Idaho.

My commission expires CLERK OF THE DISTRICT COURT AND
(SEAL) EX-OFFICIO AUDITOR AND RECORDER

Signed Mrs Ella Lee
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 28 1942

555·225·035·569

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29604

County of Nez Perce

City of Agatha Ida

Registration District No. 92 File No. 3

No. ..... St.

Primary Registration District No. 2170 Registered No. 16

Hospital .....

FULL NAME OF CHILD Jewel Shirley Neel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl.		Yes	Mar (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jesse James Neel	FULL MAIDEN NAME	Hazel Dell Vorce
RESIDENCE	Agatha Ida	RESIDENCE	Agatha Ida.
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Ceres Virginia	BIRTHPLACE	Shaw-Town Wisconsin
OCCUPATION	Laborer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X (Born alive or stillborn) P.M., at 12-55 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoskin.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Agatha Ida

Filed 4-25 1915 E. E. Watts

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1944

618-12 [illegible]-035-386

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29605

Registration District No. 92 File No. ____

Primary Registration District No. 2170 Registered No. 15

FULL NAME OF CHILD Howard Thomas Wahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	S	X	yes	4/ 25 1915

FATHER		MOTHER	
FULL NAME	Wm.H.Wahl	FULL MAIDEN NAME	Amy Thomas
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 11/30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 4/25 1915 E.E.Watts Registrar

2-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 16 2 52 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah

Certificate No. 29605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wahl (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1915 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by personal Knowledge being his aunt, prepared on ..... (Give Date) are:
Known (Bible Record, Insurance Policy, Etc.) found by driver's license issued 3-30-67

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Howard Thomas Wahl

Subscribed and sworn to before me this 10th day of May, 1975

Helen Hostynek

Notary Public, residing at Forest Grove, Oregon

My commission expires Mar. 5th 1979

(Seal)

Signed Sarah E. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fair Lawn Nursing Home 1940 SE Foster, Portland Oregon

1937 Birch, Forest Grove, Ore. 97116
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1975

Helen Hostynek

Notary Public, residing at Forest Grove

My commission expires 3-27-79

(Seal)

Signed Sarah D. Williams
(Signature of Any Credible Person)

232 N. 3rd. Hillsboro, Oregon 97123
(Street Address, City, State)

FORM DH 60-155 CL 5/5/75

Oregon Dr ver's License gives name as Howard Thomas Wahl. brn 4-25-15. License No. 1027338. date Issued 3-30-67. expires. 4-25-69. viewed by V. S.

JUN 2 1975

School record gives name as Howard Wahl. school census taken Oct. 31, 1920. son of William Wahl. age 6 yera. from Hillsboro, Oregon, viewed by V. S.

818-23-035-819

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 29606

Primary Registration District No. 2170 Registered No. 14

FULL NAME OF CHILD Anna Elizabeth Hayes

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	S		X	yes	4 23 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: F.Everette Hayes	FULL MAIDEN NAME: Clara Hardy
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Machinist	OCCUPATION: housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 4A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/23 19 15 E.W.Watts

Registrar

S-Y CO. 24655

Registrar

NOV 30 1942

313.105.035-634

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29607

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

File No. 3

Primary Registration District No. 2170

Registered No. 13

FULL NAME OF CHILD Adelbert Leonard Cate

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	S		X	Yes	4	5	1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Cate	FULL MAIDEN NAME	Carrie Olmstead
RESIDENCE	Agatha	RESIDENCE	Agatha
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 10/30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts,

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 4/5 19 15 E.E.Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1954

759-18-004-795

Form V. S. No. 11-C—20m-2-15-12

[redacted]ACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29608

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. ——— St.

Primary Registration District No. 2436

Registered No.

Hospital

FULL NAME OF CHILD Douglas Perkins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)		Yes	April (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Lewis Perkins	FULL MAIDEN NAME	Nellie Pearce
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Montpelier Ida	BIRTHPLACE	Montpelier Ida
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn

physician (Physician or midwife)

Address Montpelier Idaho.

Filed 5/1 1915 H H King MD Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-701-004-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29609

County of Bear Lake

City of City Montpelier

Registration District No. 52 **File No.** 29609

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		No	5 / 1 / 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Wood	FULL MAIDEN NAME	Adelia Martinson
RESIDENCE	City	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Montpelier
OCCUPATION	O S R Emp	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cady
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 5/1/1915 H H King M.D.
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z last name
WILCOX

1915-
Dup of 307714

719-120-204-994

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ranack

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 7136

File No. 29610

Registered No. .....

FULL NAME OF CHILD Lloyd Eldon Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	20th March 1915

FATHER		MOTHER	
FULL NAME	Arthur Parker	FULL MAIDEN NAME	Eliza Emmons
RESIDENCE	Ranack	RESIDENCE	Ranack
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	48
BIRTHPLACE	England	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Arlington

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 5/11 1915

St. S. Kingman
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Membership, blessed, June 19, 1915 and baptized March 31, 1923, gives full name of child as Lloyd Eldon Parker, born March 21, 1915 at Lanark, Idaho to Arthur F. Parker and Catherine J. Sutter - viewed by V.S. Business Men's Assurance Co. Policy, #L 635668, Jan. 1, 1955 gives full name as Lloyd Eldon Parker, and beneficaries as Millie Wilson, sister or Darrell Canton Wilson, nephew - viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29610

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)

in Lanark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lloyd Eldon Parker

Subscribed and sworn to before me this 8th day of July, 1955

Notary Public, residing at Boise Idaho

My commission expires 4-5-59

(Seal)

Signed Jimmie Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5918 E. Compton Ave Huntington Park Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of July, 1955

Notary Public, residing at Boise, Idaho

My commission expires 4-5-59

(Seal)

Signed Martha Turner

(Signature of Any Credible Person)

403-18 Ave W. Nampa Ida

(Street Address, City, State)

DPH 52-155

AUG 2 1960

FEB 15 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-110-004-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 29611

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3-10 1915

FATHER		MOTHER	
FULL NAME	Percy Buck	FULL MAIDEN NAME	Mary Bruce
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

Hemphill (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/1 1915 H H Henry MD

Registrar

Registrar

S-Y CO. 20174

Form V.S. No. 11-C—20m-2-19-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

713.129.004285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 29612

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Joseph Robert Galloway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Mar. 29 1915

FATHER		MOTHER	
FULL NAME	John Lewis Galloway	FULL MAIDEN NAME	Fanny Sherrod
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Veral Utah	BIRTHPLACE	Riverton Alabama
OCCUPATION	Insurance Agent:	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn

Physician & Surgeon (Physician or midwife)

Address Montpelier Idaho

Filed 5/1 1915 H. H. Kenny M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-131-004.663

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Raymond

Montpelier

No. ____, ____ St.

Registration District No. 52 File No. 29613

Primary Registration District No. 2136 Registered No. ____

Hospital ____

FULL NAME OF CHILD Thomas J. George.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Mar. 31 1915

FATHER		MOTHER	
FULL NAME	John Reuben George	FULL MAIDEN NAME	Martha Follick
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mendon Cash Co Utah.	BIRTHPLACE	Montpelier Bear Lake Co Idaho.
OCCUPATION	Farming.	OCCUPATION	Housekeeping.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn M.D.

Physician (Physician or Midwife)

Address Montpelier Idaho

Filed 4/15/1915 N. H. Hutchings M.D. Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

YMS - YORK CO., PTRS. & BDRS. 17826

962-205-004-813

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 29614

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Alma Robison

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Female	1st (To be answered only in event of plural births)	yes	4 (Month), 5 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles A Robison	FULL MAIDEN NAME	Sussie Hale.
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	U. S.
OCCUPATION	Construction Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Guyon

Physician (Physician or Midwife)

Address Montpelier Idaho

Filed 5/1 1915 H H Kling MD Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 22 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-029-467

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 29615

Primary Registration District No. 2142 Registered No. 13

FULL NAME OF CHILD Clarence Quincy Nordby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Apr (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Nordby	FULL MAIDEN NAME	Florence Moxley
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 31 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

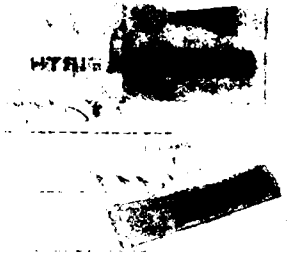
..... 19.....

..... Registrar

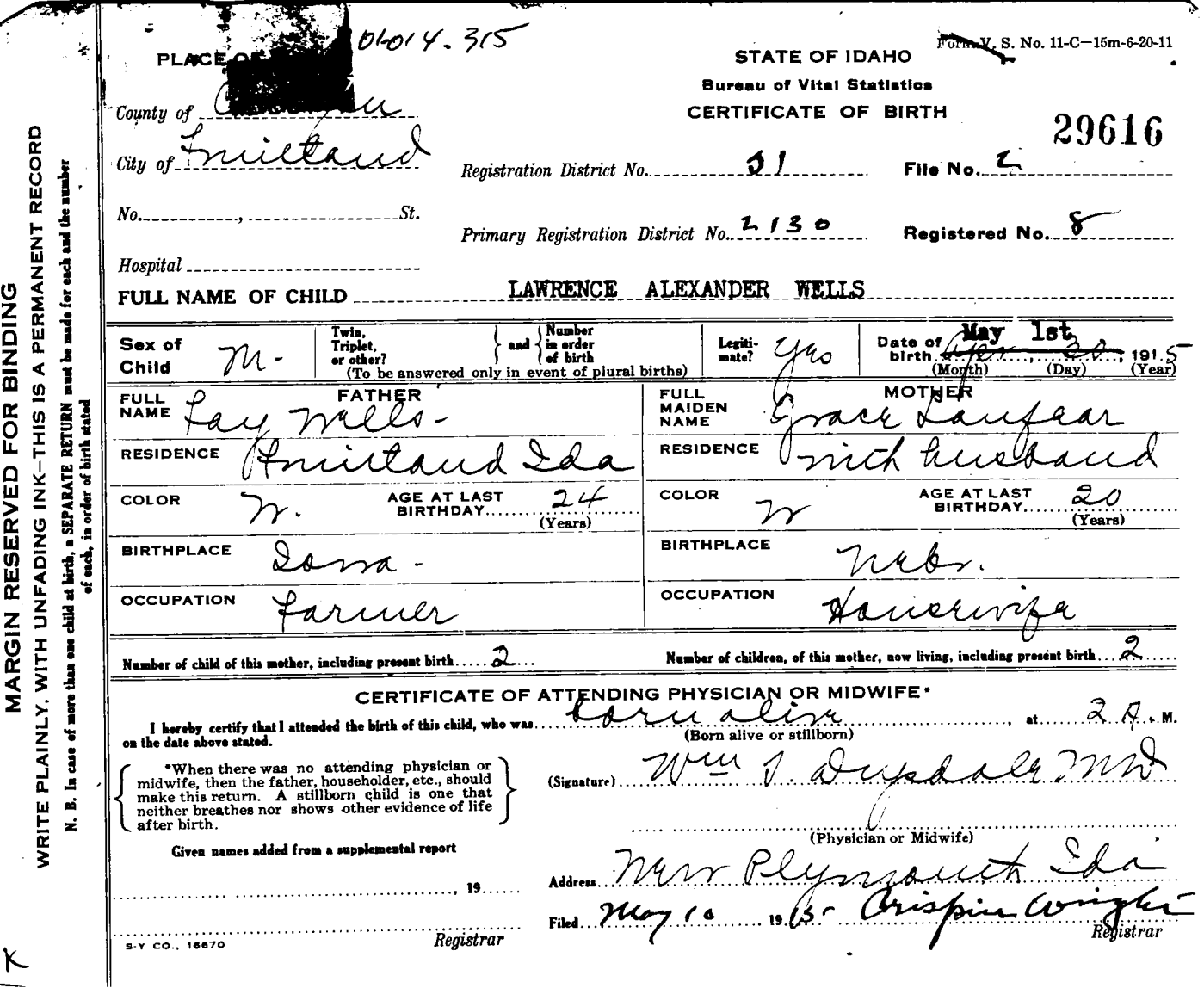
Address .....

Filed May 1st 1915 W. H. Ehrem
Registrar

S-Y CO. 20174



MAR 18 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

01014-315

PLACE OF [redacted]

County of [redacted]

City of Fruitland

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29616

Registration District No. 21 File No. 2

Primary Registration District No. 2130 Registered No. 8

FULL NAME OF CHILD LAWRENCE ALEXANDER WELLS

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M-		Yes	May 1st ~~Apr.~~ ~~20~~ 1915

FATHER		MOTHER	
FULL NAME	Fay Wells-	FULL MAIDEN NAME	Grace Lanfear
RESIDENCE	Fruitland Ida	RESIDENCE	with husband
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa-	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Dysdale MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address New Plymouth Ida

Filed May 10 1915 Crispin Wright Registrar

Registrar

S-Y CO., 16670

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 29616

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawrence Alexander Wells (Name on Original Certificate) who Was born (Was Born or Died) on May 1, 1915 (Date of Event)
in Fruitland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by known by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lawrence Alexander Wells
Date	April 30th	May 1, 1915

Subscribed and sworn to before me this 29th day of March, 1943.

Notary Public, residing at Payette, Idaho
My commission expires June 5, 1945
(Seal)

Signed Grace I Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8th St., Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 1 1945

664-127-014413

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ✓

No. ✓ St.

Hospital ✓

Registration District No. 81 File No. 29617

Primary Registration District No. 2130 Registered No. 7

FULL NAME OF CHILD Norman Reese Fouts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓ (To be answered only in event of plural births)	✓	Yes	April 27 1915

FATHER		MOTHER	
FULL NAME	J. E. Fouts	FULL MAIDEN NAME	Ella B. Mace
RESIDENCE	Payette Ida R.R. #1	RESIDENCE	Payette Ida RR #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Payne

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1915 Crispin Wright

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

296-128 1074655

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29618

County of Canyon

City of Near Trenton

Registration District No. 51 File No. 2

No. ....., ... St.

Primary Registration District No. 2130 Registered No. 6

Hospital .....

FULL NAME OF CHILD ~~Carl~~ Paul Everett Brown

Sex of Child	~~Twin, Triplet, or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	Mar 28 1915

FATHER		MOTHER	
FULL NAME	Tom M. Brown.	FULL MAIDEN NAME	Dutch Overturf.
RESIDENCE	Canyon County Ida.	RESIDENCE	Canyon Co Ida.
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Trenging

(Physician or ~~Midwife~~)

Address Ontario Ore.

Filed May 10 1915 - Crispin Wright

Registrar

Given names added from a supplemental report

....., 19....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

293-204-02

PLACE OF BI[redacted]

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29619

County of Kootenai

City of DeSmet

Registration District No. 31 File No. 7

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Adaline Litt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 4 1915

FATHER

FULL NAME: Michael Litt

RESIDENCE: DeSmet

COLOR: Half Breed

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Coeur d'Alene Reserve

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Christine Mullen

RESIDENCE: DeSmet

COLOR: Indian

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: DeSmet

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Jno. R. Lockard

Physician (Physician or Midwife)

Address DeSmet, Idaho

Filed April 4 1915 John Test Asst. Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

754-2201-0

Amended 4/24/7

PLACE OF B

Form V. S. No. 11-C—10m-8-7-11

STATE OF ID

Bureau of Vital Stat

CERTIFICATE OF B

County of Idaho

City of Westlake

No. ....., ... St.

Hospital .....

Registration District No. 105

File No. 29620

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Svafa Asdis Pedersen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	March 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oswald Rasin Pedersen	FULL MAIDEN NAME	Teodora [illegible]
RESIDENCE	Westlake	RESIDENCE	West[illegible]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nesby. Denmark	BIRTHPLACE	Westmann. Iceland
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Second

Number of children, of this mother, not living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mae Eastman

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Westlake Idaho

Filed Apr 1st 1915 [illegible]

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 2 53 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29620

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Svava Ausdis Pedersen (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1915 (Date of Event)
in Westlake (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Svava Ausdis Pedersen	Svafa Asdis Pedersen

Subscribed and sworn to before me this 24th day of April, 19 73

Florence Eastwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Svava M. Pedersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1115 No. Cassia Rd. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

APR 24 1973

Own child's birth certificate on file Idaho #260712 for son born November 14, 1937 gives mother's name as Svafa Asdis Pedersen born in West Lake, Idaho and 22 years old. -- viewed by VS

OCT 8 1975

Baptismal Certificate Hans Tavsens Kirke- Lutheran Church -Denmark
Svafa Asdis Pedersen born March 22, 1915 Baptized March 30, 1920
in Denmark gives name as Svafa Asdis Pedersen.
Viewed by VS

437-130-025-793

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

Registration District No. 105

File No. 26 29621

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Melvin Eugene McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	Yes	Mch 30 1915

FATHER		MOTHER	
FULL NAME	George R. McPherson	FULL MAIDEN NAME	Myrtle M Pitt
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Ida

Filed Apr 5 1915 ..... H B Beck

Registrar

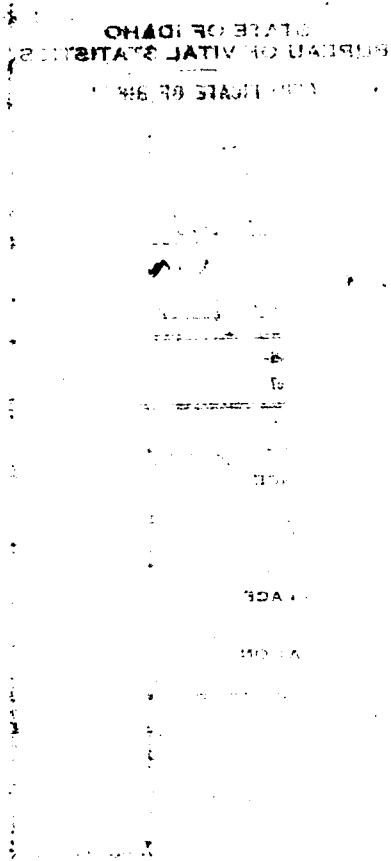
Registrar

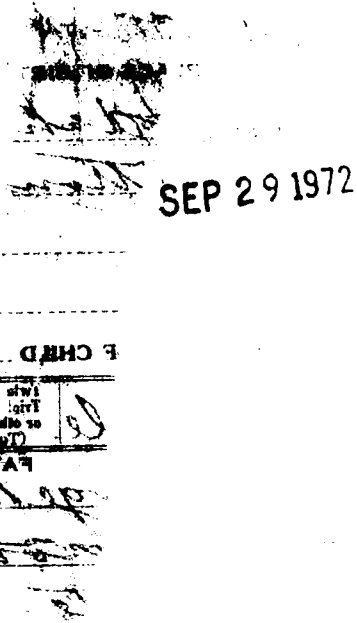
8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.




SEP 29 1972

893 703-025-615

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24 **29622**

Registration District No. 105 File No. _____

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Charlie Louis Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reuben Harris Hill	FULL MAIDEN NAME	Emma Beatrice Fann
RESIDENCE	Ferdinand	RESIDENCE	~~Idaho~~ Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

~~Cottonwood~~ Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Cottonwood Idaho

Filed April 10 1915 H W Blake
Registrar

Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1969

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-209-025-652

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Tharp

No. ..... St.

Hospital .....

Registration District No. 105 File No. 29623

Primary Registration District No. 2103 Registered No. .....

FULL NAME OF CHILD ~~DOROTHY~~ Dorothea Anna Kaschmitter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	April 9th, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Joseph Kaschmitter	FULL MAIDEN NAME	Anna Weber
RESIDENCE	Tharp	RESIDENCE	Tharp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-35 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho.

Filed April 15 1915 H. B. Blake

Registrar

H. B. Blake

S-Y CO. 24696

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 29623

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothea Kaschmitter (Name on Original Certificate) who Born (Was Born or Died) on April 9 - 1915 (Date of Event)
in Cottonwood Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothea	Dorothy Kaschmitter

Subscribed and sworn to before me this 5th day of November, 1942.

Notary Public, residing at Cottonwood Ida.

My commission expires Jan 24-1946
(Seal)

Signed Dorothy (Dorothea) Kaschmitter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

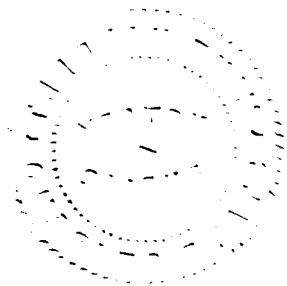
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 10 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-110-025-942

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105

File No. 29 29624

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Durward Imbler Martin

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth April (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Archer O. Martin	FULL MAIDEN NAME	Nora Imbler
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner, Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed April 15 1915 H B Blake Registrar

S-Y CO. 24656

NOV 15 1966

766-110-025 142

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29625

Registration District No. 105 File No. _____

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD William Vernon Goodall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Roy Goodall	FULL MAIDEN NAME	Lela Carmen Adkison
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood, Idaho

Filed April 15 1915 H. B. Blake
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958-114-025-395

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 31 29626

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD William Reddick Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harley Reynolds	FULL MAIDEN NAME	Lidona Tiede
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Hampton Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed April 20 1915 H B Blake

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1974

File # 29626

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1975
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29626

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Reynolds (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1915 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policies (Bible Record, Insurance Policy, Etc.) prepared on Oct 4, 1954 to Jan. 6, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
middle name	Omitted	Reddick

Subscribed and sworn to before me this 6th day of January, 1975

Donna J. Allen

Notary Public, residing at Omak

My commission expires May 15, 1976

(Seal)

Signed William R. Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Republic, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Okanogan }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1975

Donna J. Allen

Notary Public, residing at Omak

My commission expires May 15, 1976

(Seal)

Signed George Haberle
(Signature of Any Credible Person)

Conconully, Wash.
(Street Address, City, State)

CL 12/24/74 nm

FORM DH 60-155

Church record (illegible) gives name as William Reddick Reynolds son of Harley Reynolds ans Sidonnia Fielda. born Apr. 14, 1915 at Ferdinand, Ida Was Baptozed Nov. 17, 1915. viwed by V. S.

JAN 20 1975

Insurance policy application from Northern Life Ins. Co, Seattle, Wash. gives name as William R. Reynolds. dated Aug. 5, 1935. viewed by V. S.

254-215-025-547
Amended 12-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29627
Local Reg. No.
Reg. Dist. No. 105

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Loretta b. (Middle): Amalia c. (Last): Seubert

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 15, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): August b. (Middle): M. c. (Last): Seubert

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Cottonwood, Ida.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): c. (Last): Nuxoll

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Cottonwood, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Wesley F. Orr

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cottonwood, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 20, 1915

22. REGISTRAR'S SIGNATURE: H.B.Blake

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

(or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 15 1965 Bureau of Vital Statistics

State of Idaho
County of Idaho } ss.

Certificate No. 29627

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leretta Amolia Suebert (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1915 (Date of Event) in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Leretta Amolia Suebert	Loretta Amalia Seubert
Full Name of Father	Aug. M. Suebert	August M. Seubert

Subscribed and sworn to before me this 1st day of October 1965

Notary Public, residing at Cottonwood, Idaho

My commission expires 10-1-66

(Seal)

Signed August M. Seubert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October 1965

Notary Public, residing at Cottonwood, Idaho

My commission expires 8-1-66

(Seal)

Signed Daniel J. Uhling

(Signature of Any Credible Person)

Cottonwood, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 9-28-65. one copy pd. rec. #05333.

Own Child's Birth Cert. on file: (Idaho Birth) #56-13050 gives full maiden name of mother as Loretta Amalia Seubert - viewed by V.S.

Certificate of Baptism, Our Lady Help of Christians Church, Cottonwood, Idaho gives full name of child as Loretta Amalia Seubert, born April 15, 1915 at Cottonwood, Idaho to August Seubert and Elizabeth Nuxoll, baptized April 15, 1915 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 29627

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

~~Hospital~~ Home

FULL NAME OF CHILD Leretta Amelia Snebert

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aug. M. Snebert	FULL MAIDEN NAME	Elizabeth Nuxall
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cottonwood Ida.	BIRTHPLACE	Cottonwood Ida.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Cottonwood Ida.

Filed April 20 1915 H B Blake
Registrar

_____
Registrar

S-Y CO. 24656

DEC 2 1965

864.118.025-245

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

3.3 **29628**

File No.

No. St.

Primary Registration District No. 2183

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Virgil Frank Home

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Home	FULL MAIDEN NAME	Susie Snedert
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Effingham Ill.	BIRTHPLACE	St. John Wis
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Ida.

Filed Apl 26 1915 H B Blake Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1972

866-130-025-335

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 105

File No. 34 29629

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Zenda Ralph Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 30, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alva Burton Howell	FULL MAIDEN NAME	Bertha Clear
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Idaho

_____ 19____

Filed April 30 1915 H B Blake

_____ Registrar

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

917-102-031-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Steele

No. ..... St.

Hospital .....

Registration District No. 47 File No. 29630

Primary Registration District No. 2174 Registered No. 13

FULL NAME OF CHILD Paul Burton Ragan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	4 2 1915

FATHER		MOTHER	
FULL NAME	I. Preston Ragan	FULL MAIDEN NAME	Minnie Chapman
RESIDENCE	Steele, Idaho.	RESIDENCE	Steele, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hwk

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 17 30 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho

Filed 4-2 1915 J. P. Jones

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

[redacted]

212-201-031-765

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29631

County of Lewis

City of Nez Perce Registration District No. 47 File No.

No. St.

Primary Registration District No. 2124 Registered No. 14

Hospital

FULL NAME OF CHILD Marvin Gwendolyn Sasse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	4 1 1915

FATHER		MOTHER	
FULL NAME	Henry G. Sasse	FULL MAIDEN NAME	Sarah M. Goetz
RESIDENCE	Nez Perce, Idaho	RESIDENCE	Nez Perce, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	Printer.	OCCUPATION	Work

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 p M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician or midwife)

Address Nez Perce, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4 2 1915 J. P. Jones

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1966

689.114.031-689

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ....., ... St.

Hospital Home.

Registration District No. 47

File No. 29632

Primary Registration District No. 2124

Registered No. 15

FULL NAME OF CHILD Arthur Lloyd. White.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	4, 14, 1915

FATHER		MOTHER	
FULL NAME	James B White	FULL MAIDEN NAME	Alva White
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Arkansas.	BIRTHPLACE	Idaho
OCCUPATION	Auditor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L Kelly

MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nezperce, Idaho

Filed 5-7 1915 J P Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-10-41

695-230-016-769

PLACE OF BIRTH

Form ~~U. S. No.~~ II-C—25m-1-1-18

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Idahome

No. — St.

Hospital —

Registration District No. _____ File No. 29633

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ALICE ANNA FREYMILLER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	March 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Irvin Freymiller	FULL MAIDEN NAME	Anna Poitner
RESIDENCE	Idahome, Ida.	RESIDENCE	Idahome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. I. Sater
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta, Ida.

Filed May 7 1915 E. I. Sater
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 29633
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Alice Anna Freymiller (Name on original certificate) who was born (Was born or died) on March 30, 1915 (Date of event)

in Idahome, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on April 2, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Frymiller	Freymiller
Name	Unnamed	Alice Anna
Date of birth	March 29, 1915	March 29, 1915

Subscribed and sworn to before me this 3rd day of November, 1941

Henry H. Tucker
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942
[SEAL]

Signed Anna Barabara Portner Freymiller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RD #2 - Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1941

Henry H. Tucker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
[SEAL]

Signed Irwin F Freymiller
(Signature of any credible person other than the previous affiant.)

RD #2 - Burley, Ida
(Street Address, City, State)

Received for filing on NOV 1 By
(Registrar's signature)

NOV 17 1941

168-111--016-765

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Heglar

No. — St.

Hospital —

Registration District No. _____ File No. 29634

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ORVILLE MONTROSE JOHNSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Barnett Johnson	FULL MAIDEN NAME	Marie Elizabeth Gondschaal
RESIDENCE	Heglar Idaho	RESIDENCE	Heglar Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta Ida

Filed apr 1915 C. I. Sater
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 29634

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who born (Was Born or Died) on April 11, 1915 (Date of Event) in Heglar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on one month after this birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Orville Montrose Johnson

Subscribed and sworn to before me this 6th day of June, 1942.

Mark W. Brouch

Notary Public, residing at Burley, Idaho

My commission expires May 25, 1945.
(Seal)

Signed Marie E. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heglar, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 1942.

Mark W. Brouch

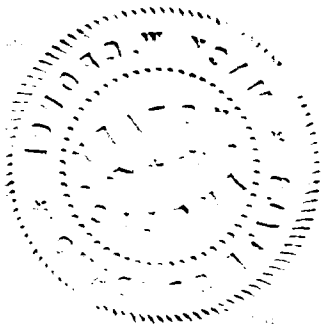
Notary Public, residing at Burley, Idaho

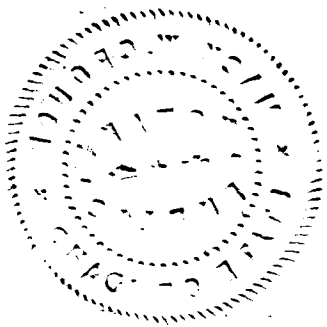
My commission expires May 25, 1945.
(Seal)

Signed Marie Peterson
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho
(Street Address, City, State)

NOV 20 1942





766 130-016-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. _____ File No. 29635

No. — St.

Primary Registration District No. _____ Registered No. _____

Hospital —

FULL NAME OF CHILD ANDREW ROBERT Powers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	April 30 1915

FATHER	MOTHER
FULL NAME: Andrew Robert Powers	FULL MAIDEN NAME: Pearl O Smith
RESIDENCE: Sublett, Ida.	RESIDENCE: Sublett, Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Sublett, Ida	BIRTHPLACE: Paradise, Utah
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this father, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:56 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sale

(Physician or midwife)

Address Malta, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1915 C. I. Sale Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

JAN 29 1942

Certificate No. 29635

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Andrew Robert Powers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April-30-1915 (DATE OF EVENT)
in Malta, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Baptism Sept. 1. 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Thomas Henry Powers	Andrew Robert Powers

Subscribed and sworn to before me this 23rd
day of January, 19 42

Notary Public, residing at Malta, Idaho
My commission expires Jan-25-1945.
(SEAL)

Signed Pearl Hutchison
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Box 53, Malta, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of January, 19 42

Notary Public, residing at Malta, Idaho.
My commission expires Jan-25-1945.
(SEAL)

Signed Bert Hutchison
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Malta, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

FEB 1942

561-219-029-249

PLACE OF BIRTH

County of Latah

City of RD #1 Troy

No.

Hospital

[redacted] OF IDAHO
B[redacted]ITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

29636

Registration District No. 61 File No.

Primary Registration District No. 3141 Registered No. 39

FULL NAME OF CHILD Mira Gertrude

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Noah	FULL MAIDEN NAME	Lulu B. Smith
RESIDENCE	#1 R.D. Troy, Idaho	RESIDENCE	#1 R.D. Troy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Apr 20 1915 D. F. Rae
Registrar

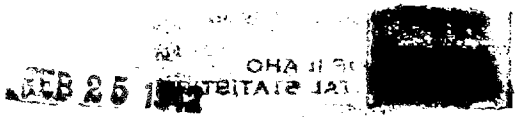
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


FEB 25

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-117-029-412

name added 3/14/80

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

29637

Registration District No. 61

File No. .....

Primary Registration District No. 2141

Registered No. 41

FULL NAME OF CHILD William Donald Largent

Sex of Child	Twin, Triplet or Other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		10	Yes	March 17th 1915

FATHER	MOTHER
FULL NAME Wm D. Largent	FULL MAIDEN NAME Eliza Massey
RESIDENCE R.D. Moscow Idaho	RESIDENCE Moscow Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Oreg.	BIRTHPLACE Oreg
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....
W. A. Adair M.D.
(Physician or ~~midwife~~)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 12 15 D. F. Rae
Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDA
BUREAU OF VITAL ST

CERTIFICATE OF

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 7 4 21 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane

Certificate No. 29637

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Largent (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1915 (Date of Event)
in Moscow, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Jan 4 1979 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed WILLIAM DONALD LARGENT	William Donald Largent

Subscribed and sworn to before me this 4th day of January, 1979

Notary Public, residing at
My commission expires Nov 1, 1982
(Seal)

Signed Anna Dyer SISTER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
N 319 Van Marter Spokane Wa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 1979

Notary Public, residing at Pendleton, Or.
My commission expires 12-10-82
(Seal) Pamela J Peck

Signed Everette F Strobe
(Signature of Any Credible Person)
903 N W 12th ST Pendleton, Ore.
(Street Address, City, State)

FORM DH 60-155 CL 9/27/78

12-10-82

Application for National Service Life Insurance dated March1944
gives nameas William Donald Largent. born March17, 1915. viewed by VS

Certtf of Marriage from Washington gives names as William Donald Largent
and the bride's nameas Jessie LaVerne Workman. datd Nov 28, 1940. viewed By VS

MAR 14 1980

613-207-029-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 29638

Primary Registration District No. 1011 Registered No. 44

FULL NAME OF CHILD Margaret Genevieve Dabney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		1	Yes	April 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy L. Dabney	Estie Bohman
RESIDENCE	Moscow Idaho	
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	19 (Years)
BIRTHPLACE	Ida.	Idaho
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. A. Adair M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Apr 12 19 15 D. F. Kane Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1976

264-123-029-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 29640

Primary Registration District No. 1011 Registered No. 47

Hospital Aspray Hosp.

FULL NAME OF CHILD Leon William Sodorff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herold Sodorff	FULL MAIDEN NAME	Olive Handlin
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pullman Wn	BIRTHPLACE	Ritchie Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow Idaho

Filed Apr 10 19 15 D F Kae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393.227.029-857

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29641

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 45

FULL NAME OF CHILD Ruth Litch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		8	Yes	Feb 27 1915

FATHER		MOTHER	
FULL NAME	C. J. Litch	FULL MAIDEN NAME	Flora E. Healy
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 12 19 15 D F Rees Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1967

613-210-029-652

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29642

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 44

FULL NAME OF CHILD Ruth Louise Walker

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Fem	8 (To be answered only in event of plural births)	Yes	Feb (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John O Walker	FULL MAIDEN NAME	Mollie West
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	N. Carl.	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Apr 12 1915 D F Rae

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/41 L. B.

454-210-029-693

PLACE OF BIRTH

BUREA[redacted]

25m-1-1-13

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 29645

Primary Registration District No. 1011

Registered No. 40

FULL NAME OF CHILD Margaret Kathryn Medlock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 10 1915

FATHER		MOTHER	
FULL NAME	Richard Medlock	FULL MAIDEN NAME	Stella May Williamson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	North Carolina	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gretman C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow

Filed Apr 15 1915

D F Rae

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-20-1-028-433

PLACE OF BIRTH

County of Kootenai

City of Cataldo

No. ..... St.

Hospital Amended 8/20/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 126 File No. 29646

Primary Registration District No. 2204 Registered No. 25

FULL NAME OF CHILD Sarah Ann McDonald

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 1 1915

FATHER	MOTHER
FULL NAME Donald McDonald	FULL MAIDEN NAME Margaret Mc Lennan
RESIDENCE Cataldo Ida	RESIDENCE Cataldo Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Scotland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Pegram

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

Filed May 7 1915 R. S. Jensen
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Snohomish } ss.

AUG 20 8 48 AM '79

Certificate No. 29646
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed McDonald (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 1, 1915 (Date of Event)
in Chatcolet, Idaho (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Sarah Ann McDonald
mother's name	Margaret McLennen	Margaret Mc Lennan

Subscribed and sworn to before me this 17th day of August, 1979

Notary Public, Clara Kuehnpeister
Residing at Stanwood, Wash. 98292
My commission expires Feb. 6, 1982
(Seal)

Sarah Ann McDonald Peterson
Signature of Applicant

30005 - 3rd Ave N.E. Stanwood, Wa 98292
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 8/15/79 (RUSH) 1 cepd rec #22346

School transcript from Spokane Public Schools certifies that Sarah McDonald attended school in Spokane and was born 4/1/1915 to Donald McDonald & his wife. viewed by V.S.

AUG 2 '979

Child's birth certificate issued by State of Washington lists name of Mother as Sarah Ann McDonald. certificate dated 3/19/46. viewed by V.S.

Membership in International Order of the Rainbow Girls made out to Sarah Ann McDonald. viewed by V.S.

Death certificate of Margaret Mcdonald Issued by State of Washington 3/10/31 gives her maiden name as McLennan. viewed by V.S.

914-206-028-523

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 29647

Primary Registration District No. 2204 Registered No. 24

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Ramage	FULL MAIDEN NAME	Lione Estes
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ore
OCCUPATION	Proprietor restaurant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Reger

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed May 7 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364.120.028-396

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Chatcalet

No. _____ St.

Hospital _____

Registration District No. 126 File No. 29648

Primary Registration District No. 2204 Registered No. 23

FULL NAME OF CHILD William James Tomlinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack Tomlinson	FULL MAIDEN NAME	Dorothy Crossley
RESIDENCE	Chatcalet Ida	RESIDENCE	Chatcalet Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Peyer

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed May 7 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-27-58

PLACE OF BIRTH

719-206-028-793

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 29649

Primary Registration District No. 2204 Registered No. 22

FULL NAME OF CHILD Frances Mae Park

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 6, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Rupert Park	FULL MAIDEN NAME: Lenore Gilbert
RESIDENCE: Oregon City, Ore.	RESIDENCE: Oregon City, Ore.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ore.	BIRTHPLACE: Wash.
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) E. L. Reger

Physician (Physician or midwife)

Address Harrison, Ida.

Filed May 7, 1915 R.S. Jensen Registrar.

Oregon Marriage Certificate gives name as Frances Mae Park, November 26, 1936, viewed by V.S.
Oregon City School Record, Statement from Superintendent, from records in 1921 to 1931, gives her first name as Frances, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Marion } ss.

Certificate No. 29649
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mae Park (Name on Original Certificate) who born (Was Born or Died) on April 6, 1915 (Date of Event) in Harrison, Idaho School Record (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Final order, Father's Estate Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec. 5, 1927 Nov. 26, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mae Park	Frances Mae Park

Subscribed and sworn to before me this 24th day of July, 1958
Mildred E. Lane
Notary Public, residing at Salem, Oregon
My commission expires Feb 18, 1959
(Seal)

Signed Lenore Gilbert Park
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
675 Church St. N.E. Salem, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Marion } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August, 1958
Emma C. Larr
Notary Public, residing at Salem, Oregon
My commission expires Sept 14, 1961
(Seal)

Signed Mildred E. Lane
(Signature of Any Credible Person)
Rte 4, Box 217, Mildred Lane
Salem, Oregon
(Street Address, City, State)

FORM DPH 55.155 CL sent 7-16-58 one copy pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 2964?

No. ..... St.

Primary Registration District No. 2209 Registered No. 22

Hospital .....

FULL NAME OF CHILD Mae Park

Sex of Child Female | Twin or Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 6 1918 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Rupert Park	FULL MAIDEN NAME Lenore Gilbert
RESIDENCE Oregon City Ore	RESIDENCE Oregon City Ore
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ore	COLOR White
OCCUPATION Civil Engineer	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE York
	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Rogers

Physician
(Physician or midwife)

Address Harrison Ida

Filed May 7 1918 R S Jensen

Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24655

AUG 28 1958

843 212 · 028-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29650

County of Kootenai

City of Harrison

Registration District No. 126 File No. 21

No. ..... St.

Primary Registration District No. 2204 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Hull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Female		Yes	Apr. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Hull	FULL MAIDEN NAME	Selma Gunnegren
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Minn.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Peger

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed May 7 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1960

459-210-028-114

Form V. S. No. 11-C—25m-1-[illegible]

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29651

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 20

FULL NAME OF CHILD Doris Evelyn Meikle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			3	Yes.	April 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Meikle	FULL MAIDEN NAME	Mammie James.
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 10 1915 at 12:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed May 7 1915 R. S. Jensen
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1944

358-221-028-285

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29652

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124 File No. .....

Primary Registration District No. 2207 Registered No. 19

FULL NAME OF CHILD Martha Lehman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	4	Yes	April 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Lehman	FULL MAIDEN NAME	Sarah Sheets
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Va.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 21 at 9:50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida.

Filed May 7 1915 R. S. Jensen
Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29652
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
(Birth or Death)
for ..... who ..... on .....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lehman	Martha Lehman

Subscribed and sworn to before me this .....
day of APR 21 1947 19 .....
George E. Wittell
Notary Public, residing at Bremerton
My commission expires 1-2-50
(Seal)

Signed Laura Lehman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
.....
(Street Address, City, State)

APR 25 1947

259-124-028-759

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 29653

Primary Registration District No. 224 Registered No. 18

FULL NAME OF CHILD William Albert Knight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	April 24 1915

FATHER		MOTHER	
FULL NAME	Wm Knight	FULL MAIDEN NAME	Grace Perkins
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Kan.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 24 1915 at 10:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

Harrison Ida.

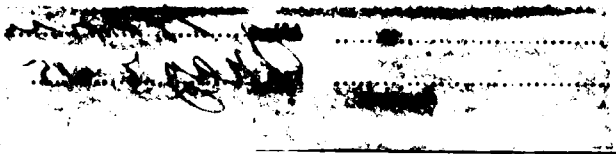
R S Jensen
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29653

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Knight (Name on Original Certificate) who born (Was Born or Died) on April 24, 1915 (Date of Event)
in Harrison (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on viewed photostatic copy - Notarized are:
Cert. of Baptism (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	William Albert Knight

11 Marcy 28
viewed by v.s.

Subscribed and sworn to before me this 15 day of October, 1957

Edwin W. Lee
Notary Public, residing at HERMISTON, ORE.
My commission expires 1/5/60
(Seal)

Signed Gracie May Knight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

305 Hermiston Ave Hermiston Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of October, 1957

Edwin W. Lee
Notary Public, residing at HERMISTON, ORE.
My commission expires 1/5/60
(Seal)

Signed William T Knight
(Signature of Any Credible Person)

305 Hermiston Ave. Hermiston Ore.
(Street Address, City, State)

FORM DPH 55.155

NN 9-5-57 nm

NOV 6 1957

622.128.028-669

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29654

County of Kootenai

City of Harrison

No. ..... *St.*

Hospital .....

Registration District No. 126 **File No.** .....

Primary Registration District No. 2204 **Registered No.** 17

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	April 28 1914

FATHER		MOTHER	
FULL NAME	Elmer Osborn	FULL MAIDEN NAME	Edith F. Forsland
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 28 1914 at 10:30 a M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McGimsey M. D.
Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613.129.078-863

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29655

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 16

FULL NAME OF CHILD ATLEE LEON WATSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	April 28 1914

FATHER		MOTHER	
FULL NAME	Jessie Watson	FULL MAIDEN NAME	Lizzie Hollingsworth
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 28 1914 at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney M.D.

Physician
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1915 R. S. Jensen
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No. 29655

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Watson (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1915 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record September 1922 Certificate of Marriage prepared on June 17, 1942, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Atlee Leon Watson

Subscribed and sworn to before me this 28th day of April 1956
Lucille E. Rose
Notary Public, residing at Harrison, Idaho
My commission expires Oct 20, 1958
(Seal)

Signed Ina Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April 1956
Lucille E. Rose
Notary Public, residing at Harrison, Ida
My commission expires Oct 20, 1958
(Seal)

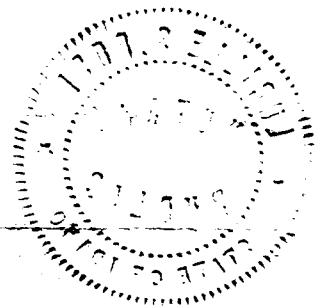
Signed Mrs Freda Rose
(Signature of Any Credible Person)

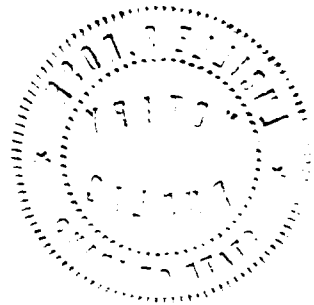
Harrison, Idaho
(Street Address, City, State)

Mrs Dorothy Kyle

FORM DPH 55. 155

MAY 31 1956





849-114 028-29

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. at Residence of St.

Hospital H. Keeler

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 29656

Primary Registration District No. 2204 Registered No. 15

FULL NAME OF CHILD Not named

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1st	No	Apr 14 1915

	FATHER	MOTHER
FULL NAME	Harry Quigley	Miss Martha Graffenberger
RESIDENCE	Wallace Ida	Wallace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	Don't Know	16 (Years)
BIRTHPLACE	Don't Know	Spokane Wash
OCCUPATION	Auto Garage.	Servant Girl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Worthington

Physician

(Physician or midwife)

Address Rose Lake Ida

Filed May 7 1915 R L Jensen

Registrar

6160

8-Y CO. 24655

over

The mother of the babe made the statement as to the identity of the father, who is a married man so she states - living apart from his wife - from whom he is not divorced. This case was reported by Miss Kuler to the Prosecuting Atty of Shoshone County, by phone immediately after the birth.

653.213.028-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29657

County of Kootenai

City of Rose Lake

No. (5 Miles North) St.

Hospital C. A. Beaunis Residence

Registration District No. 126

File No.

Primary Registration District No. 2204

Registered No. 14

FULL NAME OF CHILD Charlotte Mae Wellman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	first	Yes	April 13" 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Wellman	FULL MAIDEN NAME	Clara Beaunis
RESIDENCE	None	RESIDENCE	None
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Spokane Wash
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rose Lake Ida

Filed May 7 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659

JAN 1 3 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 1 35 PM '76
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29657

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Wellman (female) (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1915 (Date of Event) in Rose Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child' name	Unnamed	Wellman, Charlotte Mae

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1976

Frances M. Farley

Notary Public, residing at Kellogg

My commission expires 2/25/1979

(Seal)

Signed Merle L. Wellman
(Signature of Any Credible Person)

w 2120 Wells Spokane Wash
(Street Address, City, State)

FORM DH 60-155 CL 1/12/76

Family Bible record from the Family Bible of Lewis Merton Wellman and Clara Mae Wellman. chil 's name given as Charlotte Mae Wellman bo n April 13, 1915. viewed by V. S.

FEB 2 4 1976

Insurane policy from Old West Life Ins. Co. gives name as Charlotte M. Fuechsel age 45. dated April 26, 1960. beneficiary is the husband Fred H. Fuechsel. viewed by V. S.

693-117-014719

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]TICS
CERTIFICA[redacted]

Form V. S. No. 11—25m-1-1-13

29658

County of Canyon

City of Parma

No. ..... St.

Hospital Home

Registration District No. 9 File No. .....

Primary Registration District No. 2007 Registered No. 26

FULL NAME OF CHILD Andrew William

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	4 (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. A. Johnston	FULL MAIDEN NAME	Anna Parkison
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed May 6 1915 Lucie Waldrop
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

[redacted]

245-229-014-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29659

County of Canyon

City of Parma

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 28

Hospital At Home

FULL NAME OF CHILD Hazel Caroline Bull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Apr 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W Bull	FULL MAIDEN NAME	Mary E Day
RESIDENCE	Parma RR 47	RESIDENCE	P.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Minister	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma

Filed May 4 1915 Lulu Waldrop
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

419-104-014-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29660

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 24

Hospital

FULL NAME OF CHILD Clarence Henry Darrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter B Darrow	FULL MAIDEN NAME	Ida Coulson
RESIDENCE	Parma	RESIDENCE	P
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma

Filed Apr 13 1915 Lulu Waldrop
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-15-81

815.22 [illegible]

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

29661

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 27

Hospital

FULL NAME OF CHILD Pearl Para Hand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Apr 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray R Hand	FULL MAIDEN NAME	Alma Martha Brugg
RESIDENCE	Parma R.F.D.	RESIDENCE	P
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	N.D.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma

Filed May 4 1915 Lulu Waldrop
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1968

269-216-014-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma, R.2

No. ..... St.

Hospital .....

Registration District No. 3

File No. 29662

Primary Registration District No. 2007

Registered No. 25

FULL NAME OF CHILD Margaret Helen Borden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes	Apr. 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Borden	FULL MAIDEN NAME	Mildred Berrier
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Vt.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Apr 26 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1942

81-126-054-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29663

County of Canyon

City of Parma Precinct

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2007 Registered No. 23

Hospital

FULL NAME OF CHILD Edward Stewart Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Mar 26 1917

FATHER		MOTHER	
FULL NAME	Elmer R. Hamilton	FULL MAIDEN NAME	Lenora Bates
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Cal.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 5 1917 Lulie Haldrop Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1947

AUG 5 1969

962-223-014-995

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 29664

Primary Registration District No. 2007

Registered No. 22

FULL NAME OF CHILD Larkin, Patricia Rosemary

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓		✓	Yes	3 23 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. J. Larkin	FULL MAIDEN NAME	Ethel Lerch
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Instructor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen M.D.

(Physician or midwife)

Address Parma Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 6 1916 Lulu Waldron Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1950

613-221-014433

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29665

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital At Home

Registration District No. 9 File No. .....

Primary Registration District No. 2007 Registered No. 21

FULL NAME OF CHILD Mary Margaret Watkins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	✓		✓	Yes	3 21 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph L. Watkins	FULL MAIDEN NAME	Emma McConnell
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 12 M. on the date above stated.

(Signature) R. Glenn M.D.

(Physician or midwife)

Address Parma Idaho

Filed May 6 1913 Ruby Waldron Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

994111-014-168

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29666

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 20

FULL NAME OF CHILD Eldon Lee Zimmerman

Sex of Child M	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Zimmerman	FULL MAIDEN NAME	Ida Johnson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. J. Owen M.D.

(Physician or midwife)

Address Parma Idaho

Filed May 6 1915 Lulu Waldron Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1942

435·213·014469

Form V. S. No. 11—25m-1-1-12

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29667

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 19

FULL NAME OF CHILD Alpha Marie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	2 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben H. McNue	FULL MAIDEN NAME	Florence Morrison
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cullen

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed May 6 1916 Lulu Waldrop
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1963

239-227-018-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Peck

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29668

Registration District No. 93

Primary Registration District No. 2171

File No. ____

Registered No. ____

FULL NAME OF CHILD Stella Marie Strode

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	Yes	4-27-1915

FATHER	MOTHER
FULL NAME Hulet Strode	FULL MAIDEN NAME Hattie E. Peden
RESIDENCE Peck	RESIDENCE Peck
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

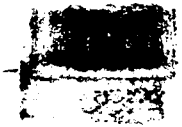
(Signature) J. M. Tyle M.D.

(Physician or midwife)

Address Peck

Filed 4-27 1915 J. M. Tyle Registrar

S-Y CO. 24655



Own Child's Birth Certificate, Washington Birth, Oct. 31, 1933, record #337 gives Mother's name as Stella Marie Strode - viewed by V.S. and the Prudential Insurance Co. Policy, #M 1 371 474, April 20, 1931 gives child's name as Stella Marie Strode and father's name as Hulet Strode - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Nez Perce } ss.

Certificate No. 29668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Strode (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1915 (Date of Event)
in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Strode	Stella Marie Strode
Father's Name	Hulet Strode	Huey H. Strode

Subscribed and sworn to before me this 28 day of April, 19 59

Paul W. Hurst
Notary Public, residing at Lewiston
My commission expires 2/2/'61
(Seal)

Signed Leonard M. Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Attendant at Birth

727 3rd St Lewiston, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

L. 4-16-59 1 copy pd

JUL 13 1959

AUG 4 1959

AUG 22 1974

815-220-031-815

PLACE OF BIRTH

County of Lewis

City of Pee R

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible] 1-1-13

CERTIFICATE OF BIRTH

29669

Registration District No. 93 File No. .....

Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		6	Yes	4-20 1915

FATHER		MOTHER	
FULL NAME	Soren Hansen	FULL MAIDEN NAME	Anna K. Hansen
RESIDENCE	Pee R	RESIDENCE	Pee R
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:25a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lytle M D

(Physician or midwife)

Address Pee R

Given names added from a supplemental report.

..... 19....

Registrar

Filed 4-20 1915 J. M. Lytle
Registrar

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 D74-0156

036.1161.075-262

PLACE OF BIRTH

County of Ney Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 29670

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	no	Sept 1 1915

FATHER	MOTHER
FULL NAME Clifford Stowell	FULL MAIDEN NAME Edna L. Bottelle
RESIDENCE Greg	RESIDENCE Peck
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	BIRTHPLACE Neb.
OCCUPATION Farm Laborer	OCCUPATION Housemaid.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fyfe M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 3/16 1916 J. M. Fyfe

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dupont 330788

314-209-035-255

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

Form V. S. No. 11-6—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29671

Registration District No. 93

File No. 29671

29671

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	3 - 8 1915

FATHER		MOTHER	
FULL NAME	Thos. A. Lautzy	FULL MAIDEN NAME	Pearl Burgess
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Penn	BIRTHPLACE	Wyo
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Peck

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-8 1915

J. M. Lyle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-214-035-844

[redacted]

S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Ney Perces

City of Peck

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 29672

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Valentine Vaska Boyd

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	4	Yes	2 (Month) – 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney J. Boyd	FULL MAIDEN NAME	Myrtle M. Humphrey
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ind Territory
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Sey G. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 2-14 1915

J. M. Sey G.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file: (Idaho Birth) #244313 gives full maiden name of mother as Valentine Vaska Boyd - viewed by V.S. Another Child's Birth Cert. on file: (Idaho Birth)#293009 gives full maiden name of mother as Valentine Vaska Boyd - viewed by V.S. State of Washington, Marriage Return, County of Asotin, married March 21, 1934 gives full name of groom as Arthur B. Wood and full name of bride as Valentine Boyd

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

ARCHIVED
JAN 30 1963
Bureau of Vital Statistics

State of Idaho viewed by V.S. } ss. Certificate No. 29672
County of Nez Perce

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Boyd (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 14, 1915 (Date of Event)

in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Valentine Vaska Boyd

Subscribed and sworn to before me this ..... day of December 1962

Owen L. Knowlton
Notary Public, residing at Lewiston, Idaho
My commission expires 12-12-63
(Seal)

Signed Myrtle M. Boyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of December, 1962

Faye Cormier
Notary Public, residing at Peck, Idaho
My commission expires 1965
(Seal)

Signed X Mrs Ella Rugg
(Signature of Any Credible Person)

Peck Idaho
(Street Address, City, State)

FORM DH 60-155 GL 12-10-62. 1 copy pd. rec. #19880.

MAR 14 1963

355-108-035-236

PLACE OF BIRTH

County of Ney Perces

City of Melrose

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 29673

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	yes	2-8-1915

FATHER

FULL NAME Hugh Homer Lieper

RESIDENCE Melrose

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Oreg.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida M. Scott

RESIDENCE Melrose

COLOR W AGE AT LAST BIRTHDAY 20. (Years)

BIRTHPLACE Wash

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30a M on the date above stated.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck Ida

Filed 2/15/1915 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-102-031-734

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29674

Registration District No. 93

Primary Registration District No. 2171

File No. .....

Registered No. .....

FULL NAME OF CHILD Andrew Raleigh Goin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	Yes	2 - 2 1915

FATHER		MOTHER	
FULL NAME	W. H. Goin	FULL MAIDEN NAME	Annie Clugston
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-2 1915

J. M. Lyle

Registrar

S-Y CO. 24655

NOV 10 1953

995-219-018-659

PLACE OF BIRTH

City of Clearwater

City of Lenore R.F.D.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29675

Registration District No. 93

File No. .....

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Iva Amanda Zinn

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	Twin	4	Yes	1 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cyrus Otis Zinn	FULL MAIDEN NAME	Emma Lydia Ferguson
RESIDENCE	Lenore R.F.D.	RESIDENCE	Lenore R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 1-19 1915 J. M. Lyle

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 7 1961

995 119-018-659

CE OF BIRTH

County of Clearwater

City of Lenore R.F.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 29676

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Ivan Loamie Zinn

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	3	Yes	1 — 19 — 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis Zinn	FULL MAIDEN NAME	Emma Lydia Ferguson
RESIDENCE	Lenore R. F. D.	RESIDENCE	Lenore R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M on the date above stated.

(Signature) J.M. Lyle M.D.

(Physician or midwife)

Address Lenore

Filed 1-19 19 J.M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845 [redacted] 031-314

[redacted] RTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29677

County of .....

City of Peck

Registration District No. 93 File No. .....

No. ..... St.

Primary Registration District No. 2171 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Edward Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	1 — 14 1915

FATHER	MOTHER
FULL NAME Milton M. Hunter	FULL MAIDEN NAME Frances A. Langdon
RESIDENCE Peck	RESIDENCE Peck
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE ~~Idaho~~ Mo	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19.....

Filed 1-14 1915 J. M. Lyle

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 2 1943

569-209 751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29678

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

Registration District No. 93

File No. .....

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Ada Pearl Norris

Sex of Child F	Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Norris	FULL MAIDEN NAME	Ada C. Pearson
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 1-15 1915

J. M. Lyle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

MAY 1 0 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-2091-014-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29679

County of Canyon

City of Nampa Registration District No. 7 File No.

No. 18 + 2 St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Myrtle Delphina Saunders

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G. Harvey Saunders	FULL MAIDEN NAME	Ivy McDonald
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

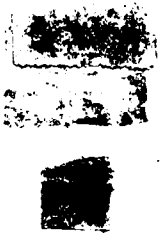
..... Registrar

Address 310 - 12 ad. So.

Filed May 10 1915 Dr. S. D. Calonge Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 20174



NOV 10 19

643-226-014-393

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Riverside

No. ..... St.

Hospital .....

Registration District No. 7 File No. 29680

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Helen Jane Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. R. Fuller	FULL MAIDEN NAME	Pansy Lillard
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed May 10 1915 Dr. S. D. Calonge
Registrar

Registrar
Anna Hatfield Deputy

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1972

AUG 5 1974

264-108-014-331

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29681

Registration District No. 5 File No. .....

Primary Registration District No. 2009 Registered No. 12

FULL NAME OF CHILD Somerville

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Apr 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. J. Somerville	FULL MAIDEN NAME	Katie Clark
RESIDENCE	New Plymouth	RESIDENCE	With Husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Starr, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Fruitland, Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Apr 19 15

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914.224.014-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29682

County of Canyon

City of New Plymouth Registration District No. 5 File No.

No. , St.

Primary Registration District No. 1009 Registered No. 13

Hospital

FULL NAME OF CHILD Lucille Radandt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr 24 1915

FATHER		MOTHER	
FULL NAME	Joseph Radandt	FULL MAIDEN NAME	Clementine Parr
RESIDENCE	Eagle Idaho	RESIDENCE	With husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Montana
OCCUPATION	Cheese maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed apr 19.15 Wm J. Drysdale

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. R F D 1 St.

Hospital

Registration District No. 5 File No. 29683

Primary Registration District No. 2009 Registered No. 7

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	March 13, 1915

FATHER		MOTHER	
FULL NAME	Lee Lingle	FULL MAIDEN NAME	Lillie Blane
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ill.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	43
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.7 - M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm C. Drysdale M.D

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.....

Filed MAR 19 15 Wm C. Drysdale

Registrar

S-Y CO., 16670

Registrar

1915 –

Dup of 192649

883-21-0044445

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 29684

County of Canyon

City of New Plymouth Registration District No. 5

No. ....., ... St.

Primary Registration District No. 2209 Registered No. 8

Hospital .....

FULL NAME OF CHILD Virginia Lorraine Hylton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	March 17, 1915

FATHER		MOTHER	
FULL NAME	Isaac Hylton	FULL MAIDEN NAME	Eliza Duncan
RESIDENCE	New Plymouth	RESIDENCE	With husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Wm J. Drysdale M D

(Physician or Midwife)

Address New Plymouth Ida

Filed March 19 25 Wm J. Drysdale Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

841-222-014-343

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29685

County of Canyon

City of New Plymouth

No. R F D 1 St.

Registration District No. 5

File No.

Primary Registration District No. 2009

Registered No. 9

Hospital

FULL NAME OF CHILD Phoebe Maud Quarterman

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	Mch, 22, 1915

FATHER		MOTHER	
FULL NAME	Wm Quarterman	FULL MAIDEN NAME	Edna Tuttle
RESIDENCE	New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Penn-
OCCUPATION	farmer-	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or Midwife)

Given names added from a supplemental report

Address New Plymouth Ida

, 19

Filed Mch 1915 Wm T. Drysdale

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 0 1969

133-224-014-132

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29686

County of Canyon

City of New Plymouth Registration District No. 5 File No.

No. R F D, V St. Primary Registration District No. 2619 Registered No. 10

Hospital

FULL NAME OF CHILD Clara Lavina Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			Yes	March 24 1915

FATHER		MOTHER	
FULL NAME	Lon Allen	FULL MAIDEN NAME	Ackaret
RESIDENCE	New Plymouth	RESIDENCE	with husband
COLOR	W	AGE AT LAST BIRTHDAY (Years)	
COLOR	W	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysdale MD

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.....

Filed March 1915 Wm J. Dysdale Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

913-224-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29687

County of Canyon

City of New Plymouth Registration District No. 5 File No.

No. , St.

Primary Registration District No. 1009 Registered No. 11

Hospital

FULL NAME OF CHILD Delilah Elizabeth Race

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	Mch 24, 1915

FATHER		MOTHER	
FULL NAME	Hubert Race	FULL MAIDEN NAME	Clara Harrington
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mich-	BIRTHPLACE	Mich-
OCCUPATION	Laborer-	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dryedale M.D.

(Physician or Midwife)

Address New Plymouth Ida

Filed 1915 Wm J. Dryedale Registrar

Given names added from a supplemental report

, 19

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Payette }

SEP 22 1942

Certificate No. 29687

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Delilah Elizabeth Race (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Delilah Elizabeth Race

Subscribed and sworn to before me this 21st day of September, 1942

J. A. Green
Notary Public, residing at New Plymouth Idaho
My commission expires April 10-1943
(Seal)

Signed Mrs Clara Race Boyles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Payette }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of September, 1942

J. A. Green
Notary Public, residing at New Plymouth, Idaho
My commission expires April 10-1943
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

New Plymouth, Ida.
(Street Address, City, State)

MAR 8 1972

SEP 25

359-201-016-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29688

County of Cassia

City of Island

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 19

FULL NAME OF CHILD Terry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	March 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A Terry	FULL MAIDEN NAME	Ruth Daniels
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 E. P. Coham
Registrar

Registrar

8-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-120-016-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29689

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 20

FULL NAME OF CHILD Leon Reed Boren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess Boren	FULL MAIDEN NAME	Josephine Reed
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7.07 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 E. P. Owham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-222-016-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29690

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 14

Primary Registration District No. 298 Registered No. 7

FULL NAME OF CHILD Croft Leoore Elaine

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth March 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Croft	FULL MAIDEN NAME	Annie Blankenship
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Ostfelson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 E. P. Oldham
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1950
JUN 30 1955
JUN 27 1955
SEP 22 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255125016-697

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29691

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. III

Primary Registration District No. 2199 Registered No. 22

FULL NAME OF CHILD Orson Edward Severe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	March 25 1915

FATHER		MOTHER	
FULL NAME	Gilman Severe	FULL MAIDEN NAME	Mollie Wixom
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 E. P. O'Shea
Registrar

Registrar

S-Y CO. 24655

494125-016-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29692

County of Cassia

City of Oakley

Registration District No. 170 File No. III

No. ..... St.

Primary Registration District No. 2199 Registered No. 23

Hospital

FULL NAME OF CHILD Norman Lee Drury

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. B Drury	FULL MAIDEN NAME	Clara Lee
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address

Filed 4.17 1915 E P Oldham

Registrar Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1976

962-201-016-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29693

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 24

FULL NAME OF CHILD Rosenlund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 1 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Nels Rosenlund	FULL MAIDEN NAME	Abbie McKay
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 [signature]

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-205-016-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29694

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 10

Primary Registration District No. 2199 Registered No. 25

FULL NAME OF CHILD Arleane Arleane Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Curtis	FULL MAIDEN NAME	Luella Tracy
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. S. O. Nelson

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address .....

Filed 4-17 1915 E. P. Oldham
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1945

243-209-016-815

Amended 4-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29695
Local Reg. No. 26
Reg. Dist. No. 120

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): LaVaun
b. (Middle):
c. (Last): Butler

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 9, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Butler

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Charlotte
b. (Middle):
c. (Last): Hansen

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. F. O. Nielson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-17-1915

22. REGISTRAR'S SIGNATURE: E.P. Oldham

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard neurological test for ____ APPROXIMATE DATE ____

Or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
TION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

MAR 3 1967

State of ..... } ss.
County of ..... }

Certificate No. 29695

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Levon Butler (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1915 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Levon Butler	LaVaun Butler
Sex of Child	Male	Female

Subscribed and sworn to before me this 4 day of March, 19 67

Hazel L. Burlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Howard R Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 In Office 3-4-66. ICB all rec # 7975

Own childs birth certificate gives name of mother as LaVaun Butler. Child born March 28, 1939, Certificate # 281276.
Viewed by V. S.

Certificate of Baptism and Confirmation of child, Howard Leon Adams gives name of mother as LaVaun Butler. Child baptized May 3, 1947 by L.D.S.Church.
Viewed by VS

Child's birth certif - # 281276

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29695

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 14

Primary Registration District No. 799 Registered No. 76

FULL NAME OF CHILD Levon Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	April 9 1915

FATHER		MOTHER	
FULL NAME	John Butler	FULL MAIDEN NAME	Charlotte Hansen
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-17 1915 E. Polohan
Registrar

Registrar

S-Y CO. 24655

APR 3 1967
SEP 12 1956

816-113-016-255

Form V. S. No. 11-C—20m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29696

County of Cassia

City of Island

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 2199 Registered No. 77

Hospital .....

FULL NAME OF CHILD Seth Gelman Hawkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seth Hawkins	FULL MAIDEN NAME	Vera Severe
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	~~Ho~~ Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Stetson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4.17 1915 E. P. Oldham
Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299-230-016-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29697

County of Cassia

City of Moulton Idaho

Registration District No. 170 File No. III

No. — St.

Primary Registration District No. 2199 Registered No. 28

Hospital —

FULL NAME OF CHILD Catherine Dale Kirkpatrick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.M.	One	2nd	Yes	March 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. Gordon Kirkpatrick	FULL MAIDEN NAME	Mollie May ~~Kirkpatrick~~ Miller
RESIDENCE	Moulton Idaho	RESIDENCE	Moulton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	White Sulphur Springs W.V.	BIRTHPLACE	Minton Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2-15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J. Ross M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moulton Idaho

Filed 4-26 1915 [signature] Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

381-111-016-793

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29698

County of Cassia

City of Churchill

Registration District No. 120 File No. III

No. ..... St.

Primary Registration District No. 2194 Registered No. 29

Hospital .....

FULL NAME OF CHILD Lowell DeVern Chadwick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	yes	41 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred R. Chadwick	FULL MAIDEN NAME	Alice A. Gilbert
RESIDENCE	Yost Utah	RESIDENCE	Yost. Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Hoham

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 5-1 1915

E P Hoham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/11/41 L. B.

659-215-016-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 170

File No. 29699

Primary Registration District No. 2199

Registered No. 30

FULL NAME OF CHILD Anna Mae Weighall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
Female	X		X	yes	4 (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Weighall	FULL MAIDEN NAME	Agnes Wells
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 50 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olohan

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed ..... 19.....

E P Olohan

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1976

213-101-016-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 190 File No. III 29700

Primary Registration District No. 2199 Registered No. 31

FULL NAME OF CHILD Clarence Ray Bates

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X and X (To be answered only in event of plural births)		Yes	5-1 1915

FATHER		MOTHER	
FULL NAME	Emery Bates	FULL MAIDEN NAME	Mary Fairchild
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.
(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1915 E. P. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1970

418 405 1010-697

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29701

County of Cassia

City of Basin

Registration District No. 170 File No. 44

No. ____ St.

Primary Registration District No. 7199 Registered No. 37

Hospital

FULL NAME OF CHILD Ernest Emerald Dayley.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X and	X	Yes	5-5-15

FATHER		MOTHER	
FULL NAME	Thomas Dayley Jr	FULL MAIDEN NAME	Nellie Wixom
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 10 a M on the date above-stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O P Oldham MD

(Physician or midwife)

Address Oakley

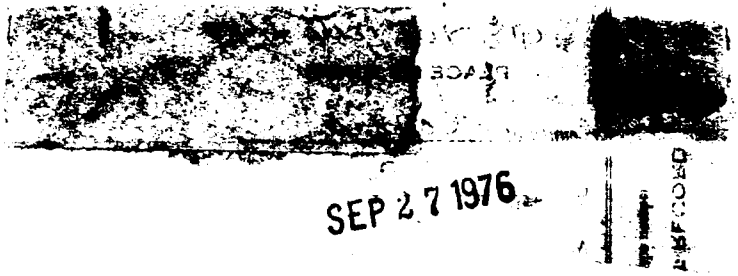
Filed 5-10-1915 O P Oldham Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



SEP 27 1976

793-229-031-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

Lewis

City of Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 29702

Primary Registration District No. 2129 Registered No. 97

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxxxxx~~ EUGENIA MYRA GILLESPIE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) - 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wendall P. Gillespie	FULL MAIDEN NAME	Lucia C. Reed
RESIDENCE	Ilo Ida	RESIDENCE	Ilo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	N.C.
OCCUPATION	Rural Carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo, Idaho

Filed April 30 1915 H C Parrish
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29302

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eugenia Myra Gillespie

Subscribed and sworn to before me this 25
day of September, 1943.
L. A. Goodman
Notary Public, residing at McCall Ida
My commission expires Sept. 7-1946
(Seal)

Signed W P Gillespie Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Valley } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of September, 1943.
L. A. Goodman
Notary Public, residing at McCall Ida.
My commission expires Sept 7-1946
(Seal)

Signed W P Gillespie Father
(Signature of Any Credible Person Other Than Previous Year)

McCall, Idaho.
(Street Address, City, State)

SEP 28 1943

OCT 2 1943

266-116-031-433

PLACE OF BIRTH

County of Gem

City of Ito

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5-0 File No. 29703

Primary Registration District No. 212 Registered No. 96

FULL NAME OF CHILD ~~Unnamed~~ Carl Dewayne Bowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	April 16 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl C. Bowles	Alice L. McCorkel
RESIDENCE	Ito Idaho	Ito Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	21 (Years)
BIRTHPLACE	Ill	Oregon
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-a- M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Ito Idaho

Filed 4-20 19 15 H. C. Parrish Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1967

DEC 16 1942

- 141-211-031-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29704

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 95

FULL NAME OF CHILD ~~unnamed~~ PEARL BEATRICE ADAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert H. Adams	FULL MAIDEN NAME	Gula Long
RESIDENCE	Vollmer Ida	RESIDENCE	Vollmer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ida Idaho

Filed April 15 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-13-55

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ney Perce } ss.

Certificate No. 29704

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Adams (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1915 (Date of Event)
in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by United States Savings Bond Jan. 1953 Social Security Card prepared on many years ago, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Pearl Beatrice Adams

Subscribed and sworn to before me this 15 day of June, 19 55

Notary Public, residing at Lewiston Ida.
My commission expires 11-20-56
(Seal)

Signed Lula Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 - 1st Ave Lewiston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ney Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 19 55.

Notary Public, residing at Lewiston Ida.
My commission expires 11-20-56
(Seal)

Signed Gertrude Butler
(Signature of Any Credible Person)

317 - 1st Ave Lewiston Ida
(Street Address, City, State)

DPH 52.155 1 copy paid

JUL 19 1955

414-1071031-799

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gewis

City of Ilo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 29705

Primary Registration District No. 2129 Registered No. 94

FULL NAME OF CHILD James Wilfred Dammrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rudolph A. Dammrose	FULL MAIDEN NAME	Minnie Pritchard
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Ilo, Idaho.

Given names added from a supplemental report.

..... 19....

Filed April 10 1915 H. C. Parrish
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APPLICATION FOR A BIRTH CERTIFICATE
Address corespondence and make money order payable to
BUREAU OF VITAL STATISTICS
Department of Public Health
Boise, Idaho

To avoid errors and unnecessary delays, use typewriter:

Full name of child James Wilfred Dammrose (Certificate sent in unnamed)

City and county of birth Ilo, Lewis County

Date of birth April 7, 1915

Name of father Rudolph Albert Dammrose

Maiden name of mother Minnie Gay Pritchard

Name of attending physician or midwife Parrish M.D.

Person making request James Wilfred Dammrose

Present P. O. address Crai gmont, Idaho

Certified copies are 50¢ each, payable by money order in advance.
NO copies made C O D or without remittance in hand.

VS 34 THIS IS NOT A BIRTH CERTIFICATE

Dear Sir;

To get in Defense plant at California I must have my birth certificate, It is very urgent.

Sincerely

James Wilfred Dammrose

Sigature Of Applicant James W Wilfred Dammrose

State Of Idaho
County Of Lewis:

On this 6 day of eb. in the year 1942 before me Eugene au a notary in and for said State , personally appeared James Wil Dammrose Known to me to be the person whose name is Subscrib the within instrument , and acknowledge to me that he executed same.

My commission Expires May25-42. Eugene Lauer Notar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 29705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for James Wilfred Damrose (Name on Original Certificate) who born (Was Born or Died) on April 7, 1915 (Date of Event) in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my own memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	James Wilfred Damrose
name of mother	Minnie Prichard	Minnie Pritchard
name of mother	Minnie Prichard Damrose	

Subscribed and sworn to before me this 9th day of February, 19 42.

E. C. Parker

Notary Public, residing at Craigmont, Idaho

My commission expires Nov. 25, 1944

(Seal)

Signed Minnie Pritchard Damrose

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Craigmont, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 11 1942

364-204-007-245

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 58 File No. 29706

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Vivian Lucile Couch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	O J Couch	FULL MAIDEN NAME	Clara Buell
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Vet Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Vet O'Higgs

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Idaho

Filed 4-5-1915 D O'Higgs Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Z COUCH

DUP OF 1915-363462

238-23-007-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29707

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nick Schaefer	FULL MAIDEN NAME	Eunice Barker
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Del	BIRTHPLACE	Nebs
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt B. Higgs

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Idaho

Filed 4-14 1915 D. B. Higgs Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-217-607-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29708

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Mary Hobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4 17 1914

FATHER

FULL NAME: J. A Hobson

RESIDENCE: Fairfield, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary R Smith

RESIDENCE: Fairfield

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 2 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D A Huggins MD

(Physician or midwife)

Address Soldier Idaho

Filed 4-18 1914 D A Huggins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1968

DECEASED

497-117-007-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29709

County of Blaine

City of Manard

No. ..... St.

Hospital .....

Registration District No. 58

File No. .....

Primary Registration District No. 2138

Registered No. .....

FULL NAME OF CHILD Donald Riley Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Riley Dixon	FULL MAIDEN NAME	Kristie Hutterball
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Higgs

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salden Ida

Filed 4-18 1915 D B Higgs Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1976

345-124-007-215

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine

No. ..... St.

Hospital .....

Registration District No. 58 File No. 29710

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ MARVIN EDWARD CUNNINGHAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. H. Cunningham	FULL MAIDEN NAME	Eliza Sanders
RESIDENCE	Blaine, Ida	RESIDENCE	Blaine, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indian Ter. (Oak)	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt P. Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier, Ida

Filed 4-25 1915 D. P. Higgs Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

JAN 28 1942

Certificate No. 29710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marvin Edward Cunningham (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 24, 1915 (DATE OF EVENT)
in Fairfield, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January, 1938 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Marvin Edward Cunningham

Subscribed and sworn to before me this 26th
day of Jan, 19 42

John L. Houston

Notary Public, residing at Klamath Falls, Ore.

My commission expires 7p14-42

(SEAL)

Signed W. E. Cunningham

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1752 Conger St. K. Falls Ore.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of January, 19 42

John L. Houston

Notary Public, residing at Klamath Falls, Ore.

My commission expires 7-14-42

(SEAL)

Signed Robert Britton

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

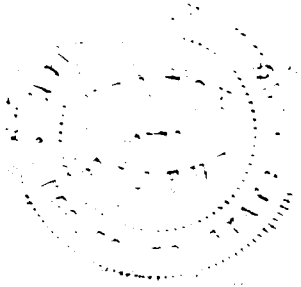
1752 Conger St. K. Falls Ore.

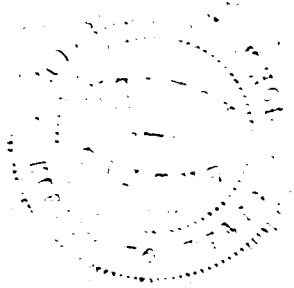
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By

(REGISTRAR'S SIGNATURE)

FEB 9 1942





154-225-007-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29711

County of Blaine

City of Fairfield

No. _____ St.

Hospital _____

Registration District No. 58 File No. _____

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD Jeanne Maureen Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4 25 191 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter E Anderson	Lena Sandberg
RESIDENCE	Fairfield	Fairfield
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) D. W. Leggett M.D.

(Physician or midwife)

Address Soldier Idaho

Filed 4-20 1915 D. W. Leggett Registrar

S-Y CO. 24655

JUL 2 2 1942

212-229-007-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

Registration District No. 58 File No. 29712

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Edith Pearl Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John P Baker	FULL MAIDEN NAME	Phila Gibson
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Green Co Iowa	BIRTHPLACE	Harrison Co Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hill City Ida

Filed 4-30 1915 D P Higgs
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1976

854-129
004-52

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—20m-2-15-12

[redacted]ISTICS

County of [redacted] Lake

City of PARIS, IDAHO.

Registration District No. 53

File No. 29713

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Earl Hemmert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Apr. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Nels Hemmert	FULL MAIDEN NAME	Rose Eglie
RESIDENCE	PARIS, IDAHO.	RESIDENCE	PARIS, IDAHO.
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. B. Hottendorf

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address PARIS, IDAHO,

Filed 5-1 1915 R. J. Sutton Registrar

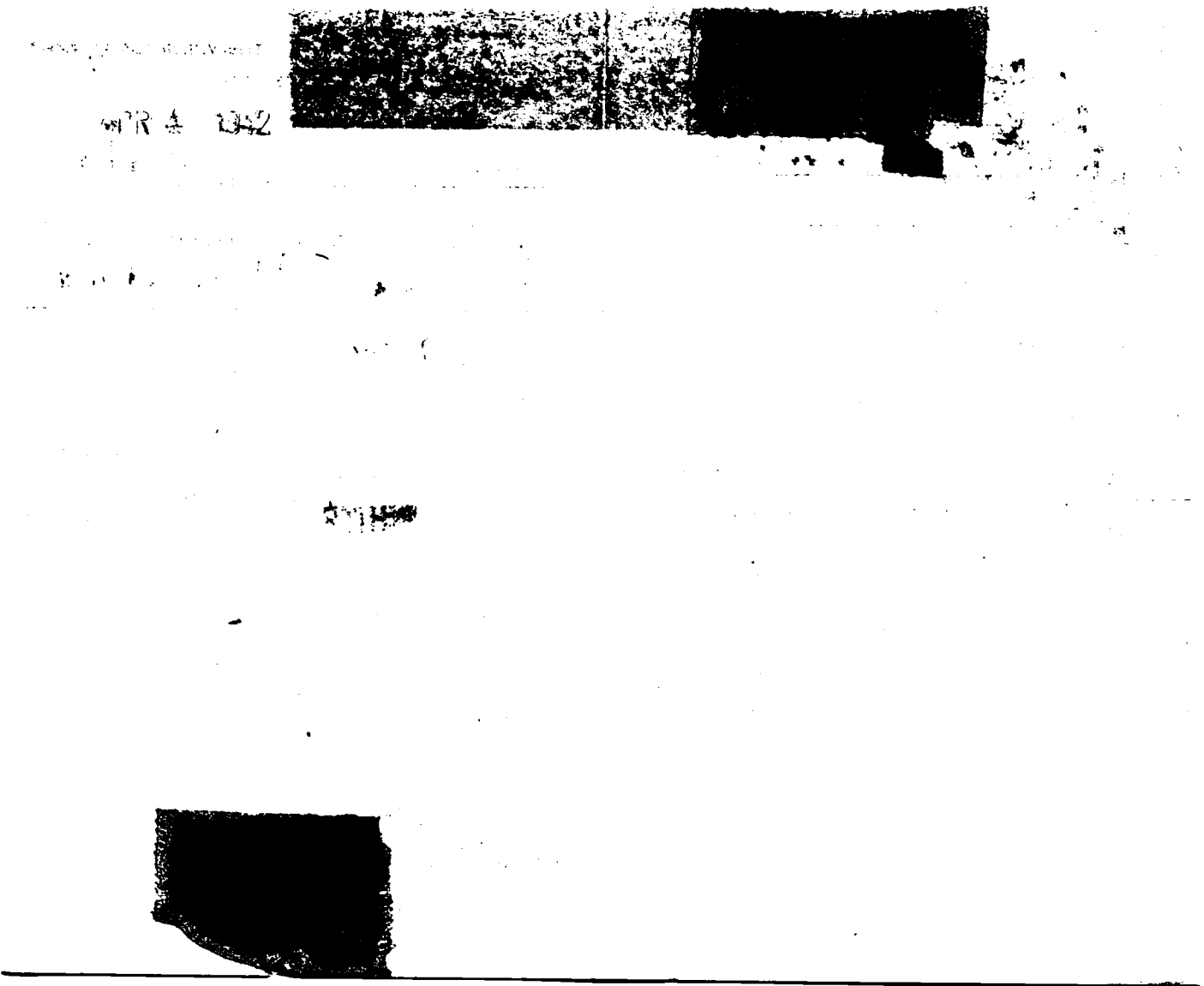
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-22[illegible]-004-612

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29714

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Bellva Monintha

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney Thornock	FULL MAIDEN NAME	Maggie Oakey
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Fanark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

Mike
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Filed 5-1-1915 R J Sutton Registrar

..... Registrar

S-Y CO. 24655

844-2011604-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29715

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Floral Humpherys

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	April 1, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Albert Humpherys	FULL MAIDEN NAME	Delilah Ann Lindsay
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf

M. D. (Physician or midwife)

PARIS

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 5-1- 1915 R. J. Sutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 14 1 17 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 29715

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Humpherys (female) (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1915 (Date of Event)

in Ovid, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Floral Humpherys

Subscribed and sworn to before me this 2[illegible] day of June

Signed Rosa Hoppert Henley (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

LENARD D. ROBISON
Notary Public — State of Nevada
Washoe County
My Commission Expires Aug. 26, 1978

Notary Public, residing at [illegible] Washoe County, Nev.

My commission expires ..... (Seal)

1485 West 4th Street Reno, Nev. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.

County of Washoe }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June 1975

Signed Rosa Hoppert Henley (Signature of Any Credible Person)

LENARD D. ROBISON
Notary Public — State of Nevada
Washoe County
My Commission Expires Aug. 26, 1978

Notary Public, residing at [illegible] Washoe County, Nev.

My commission expires ..... (Seal)

1485 West 4th Street Reno, Nevada (Street Address, City, State)

FORM DH 60-155

CL 8/29/74

Application to Beneficial Life Ins. Co. gives name as Floral H. Vanderhoof. born Apr.1, 1913. dated July 28, 1941. viewed by V. S.

JUL 21 1975

Certif. of Membership to the LDS Church gives name as Floral HumpherysVanderhoof. Daughter of Geo. A. Humpherys and Delilah Ann Lindsay. born April 1, 1915 daugher od Geo. A. Humpherys and Baptized Aug. 26, 1923 and Blessed June 6, 1915. viewed by V. S.

213-225-004-386

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29716

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Jennie Thompson Bateman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. H. Bateman	FULL MAIDEN NAME	Vesta M. Thompson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 4 lb Number of children of this mother now living, including present birth 4 lb

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.F. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address [illegible]

Filed 5-1- 1915 R. J. Sutton Registrar

S-Y CO. 20175

TT-1-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bateman (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1915 (Date of Event)

in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Jennie Thompson Bateman

Subscribed and sworn to before me this 1st day of Nov, 19 71

F. Curtright

Notary Public, residing at Boise

My commission expires 1-20-71

(Seal)

Signed Encil H. Hines

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 cp pd rec # 25729 no corresp

Certificate of Blessing issued by the L.D.S. church March May 1915 by Georg e Bateman. Blessed May 9, 1915. Alfred A. Hart, Bishop and E. T. Patterson, Clerk. Viewed by V.S.

NOV 1 1971

Own childs birth certificate on file with V.S. # 295125, Idaho. Gives name of mother as Jennie Thompson B ateman. Child born June 13, 1940. Viewed by V. S.

113-120-004-285

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29717

County of Bear Lake

City of Bloomington

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD Ezra LaVarr Jacobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mal		Yes	Mar (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. Ezra Jacobson	FULL MAIDEN NAME	Le Nora M. Shepherd
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Salesman	OCCUPATION	NW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Cooley M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Paris

Filed 5-1- 1915 R. J. Sutton
Registrar

Registrar

S-Y CO. 20175

3 25 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 31 1971
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 29717

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jacobson (Name on Original Certificate) who born (Was Born or Died) on March 20, 1915 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Attached documents (Bible Record, Insurance Policy, Etc.) prepared on 11-13-37 & 3-20-40 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jacobson	Ezra LaVarr Jacobson

Subscribed and sworn to before me this 29th day of March, 19 71

Notary Public, residing at Salt Lake
My commission expires
(Seal)

Signed Ezra LaVarr Jacobson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6870 Village Green Road, Salt Lake City, Utah 84121
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 19 71

Notary Public, residing at Salt Lake
My commission expires
(Seal)

Signed Robert L. Baxter
(Signature of Any Credible Person)

3261 Coronet Drive, Salt Lake City, Utah 84117
(Street Address, City, State)

FORM DH 60-155

Marriage certificate issued by State of Utah, County of Weber states that Ezra LaVarr Jacobson married Neva Ruth Cook on November 13, 1937. Lawrence Malan, L.d.S.Elder.
Viewed by V.S.
Registration of birth for child lists father's name as Ezra LaVarr Jacobson . Child born AT Salt Lake City, Utah on March 20, 1940.
Viewed by V.S.

APR 1 1971

993-128 004-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29718

County of Bear Lake

City of St Charles

No. _____ St.

Hospital _____

Registration District No. 53 File No. _____

Primary Registration District No. 213 Registered No. _____

FULL NAME OF CHILD Eldon Rich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Ray Lugmire	FULL MAIDEN NAME	Elva L. Rich
RESIDENCE	St Charles	RESIDENCE	St Charles.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Charles.	BIRTHPLACE	St Charles.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:07 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Sutton

Mid. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

John Matkon Registrar

Address Paris Idaho

Filed May 6 1915 John Matkon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-206-004-747

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29719

County of Bear Lake

City of St Charles

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chancey Floyd	FULL MAIDEN NAME	Estella Pugmire
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Paris Idaho

John Mattson
Registrar

Filed May 6 1915 John Mattson
Registrar

S-Y CO 20175

468-202-004-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 29720

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vina Laker Moyes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 2 1915

FATHER

FULL NAME William Reuben Moyes

RESIDENCE Murtaugh, Idaho

COLOR WHITE AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Minnie Bayes Laker

RESIDENCE Murtaugh, Idaho

COLOR WHITE AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf M. D.

(Physician or midwife)

Address PARIS, IDAHO.

Given names added from a supplemental report

..... 19.....

John Matbor Registrar

Filed May 6 1915 John Matbor Registrar

S-Y CO. 26174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1975

235·106·004-331

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29721

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Adrian L.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard L Stewart	FULL MAIDEN NAME	Laura Ann Clark
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Cooley

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Idaho

John Mattson Registrar

Filed May 6 1915 John Mattson Registrar

8-Y CO. 20175

195-226-

020-362

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 34 — File No. 29722

No. — St.

Primary Registration District No. 2020 — Registered No. 15

Hospital —

FULL NAME OF CHILD Maria Carbine Arechaveleta

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	April 26th 1915

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Remigio Arechaveleta	FULL MAIDEN NAME	Cornelia Cobeaga
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Walker

Physician (Physician or midwife)

Address Mountain Home

Filed 4/27 1915 B. W. Walker Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1951

DECEASED

219-120-020-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 29723

No. — St.

Primary Registration District No. 2020 Registered No. 17

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	April 20th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luke M. Barker	FULL MAIDEN NAME	Lillie F. Clark
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Camp Tender	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 05 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Mountain Home

Filed 4/21 1915 B. W. Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-111-020-343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29724

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 20

FULL NAME OF CHILD Jackson Chipman

Sex of Child	Twin Triplets or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	4 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm P Chipman	FULL MAIDEN NAME	Anna Mae Lucus
RESIDENCE	Therman	RESIDENCE	Therman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mtn Home, Id

Filed 5/8 1915 B W Mathews Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1969

414-110-020-438

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29725

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 21

Hospital

FULL NAME OF CHILD Lloyd Charles Daugherty

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	4 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Wesley Daugherty	FULL MAIDEN NAME	Sarah McHenna
RESIDENCE	Mtn Home	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Runs Sawmill	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 45 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 5/8 1915 B W Mather

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1965

253-222-020-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29726

County of Elmore

City of Mountain Home — Registration District No. 34 — File No.

No. — St. — Primary Registration District No. 2020 — Registered No. 16

Hospital —

FULL NAME OF CHILD Natalie Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	April 22nd 1915

FATHER		MOTHER	
FULL NAME	Vernon E. Kelly	FULL MAIDEN NAME	Olive Hall
RESIDENCE	Driggs, Idaho	RESIDENCE	Driggs, Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Telephone Manager	OCCUPATION	Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) B. W. Mather
Physician
(Physician or midwife)

Address Mountain Home

Filed 4/26 1915 B. W. Mather
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

4171101020-514

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 29727

Primary Registration District No. 2020

Registered No. 22

FULL NAME OF CHILD Howard Bridger Maxfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	4 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Bridger Maxfield	FULL MAIDEN NAME	Florence Campbell
RESIDENCE	Sunny Side	RESIDENCE	Sunny Side
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mtn Home

Filed 5/8 1915 B W Mather

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

JAN 6 1950

H

433-119-020-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 29728

No. —— St.

Primary Registration District No. 2020

Registered No. 18

Hospital ——

FULL NAME OF CHILD Myron Berdett McCoy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	April 17th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie A. McCoy	FULL MAIDEN NAME	Jennie Avery
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Penn.
OCCUPATION	Stockman	OCCUPATION	Hwife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 7 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19...

Address Mountain Home

Filed 4/22 1915 B.W. Mather Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 6 9 51 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 29728

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McCoy, (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1915 (Date of Event)
in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Myron Berdett McCoy

Subscribed and sworn to before me this 5th day of April, 19 76

Louise A. Allison
Notary Public, residing at Rupert Idaho
My commission expires Aug 14, 1978
(Seal)

Signed Vergie Adamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 395 Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/15/76 nm

Child's birth certificate dated December 4, 1947 gives father's name as Myron Berdett McCoy. viewed by V.S.

Discharge papers from U.S. Naval service gives name as McCoy, Myron Berdett. dated 21 November 1945. Viewed by V.S.

275 114 020-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29729

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 19

FULL NAME OF CHILD ~~[illegible]~~ FLOYD FREDERICK Spence

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	4 (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernon F Spence	FULL MAIDEN NAME	Edna Byng
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dakota N	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:00 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home, Ida

Filed 5/8 1915 B W Mather Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

SEP 22 1941

State of Idaho)ss Certificate No. 29729

County of Gem) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Leroy Frederick Spence (Name on original certificate) who was born (was born or died) on April 14, 1915 (Date of event) in Mt. Home, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by..... (Bible record, insurance plcy.etc.) prepared on..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Leroy Frederick Spence	Floyd Frederick Spence

Subscribed and sworn to before me this 17th day of September 1941

Elsa Salskov
Notary Public
Residing at Emmett Ida.

Signed Mrs. F. V. Spence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett Idaho
(Street address, City, State)

My commission expires March 14, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.....)
)ss
County of.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....19..

Signed.....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at.....

.....
(Street address, City, State)

My commission expires.....
(SEAL)

613-1091020-451

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29730

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 23

Hospital —

FULL NAME OF CHILD Clarence Dean Walter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	4 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilfred F. Walter	FULL MAIDEN NAME	Florence Dean
RESIDENCE	Thermo	RESIDENCE	Thermo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 55 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Mtn Home

Filed 5/8 1915 B W Walter

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

864-226-
001-291

PLACE OF BIRTH

County of Boise Ada

City of Ola

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

29731

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Theresa Alice Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	##	##	yes	4 26 1915

FATHER		MOTHER	
FULL NAME	Walter B. Young	FULL MAIDEN NAME	Theresa May Brashears
RESIDENCE	Ola	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.45 P M. on the date above stated.
(Born alive or stillborn)

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett Ida

Filed May 5 1915 J. L. Reynolds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-128-014-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29732

County of Canyon

City of Emmett Registration District No. 4 File No.

No. St.

Primary Registration District No. 1010 Registered No.

Hospital

FULL NAME OF CHILD Edward Brennan Knowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4-25-191[illegible]

FATHER	MOTHER
FULL NAME George William Knowles	FULL MAIDEN NAME Mary Brennan
RESIDENCE Emmett Ida	RESIDENCE Same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Penn
OCCUPATION Civil Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Filed 5-1 1918 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1943

266-217-014249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29733

County of Canyon

City of Emmett Registration District No. File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Rozella Boohes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 17, 1915

FATHER		MOTHER	
FULL NAME	Jacob P Boohes	FULL MAIDEN NAME	Hellen Laverna Bywater
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Ranches	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2-2 19 16 J L Reynolds
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1966

AMENDED 11-15-57

PLACE OF BIRTH

819-227-2014-312

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 29734

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Ellen Aurelia Harris

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 27, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Guy Gladden Harris	FULL MAIDEN NAME: Rachel Louisa Lake
RESIDENCE: Emmett, Idaho	RESIDENCE: Emmett, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mexico
OCCUPATION: Com. Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett, Idaho

Filed 4-8-1915 [redacted] J. L. Reynolds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

335348

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
NOV 12 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29734

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ellen Aurelia Harris (Name on Original Certificate) who born (Was Born or Died) on March 27th, 1915 (Date of Event)
in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #335348 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Race	Mexican	White

Subscribed and sworn to before me this 4 day of November, 1957

Hazel L. Hurlbert

Notary Public, residing at Eagle, Ida.

My commission expires Sept 28, 1960

(Seal)

Signed Rachel L Lamb.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

5006 Franklin Road.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Eugene Lamb
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

1 Copy PD7

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 29734

County of Canyon

City of Emmett Registration District No. 6

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ellen Aurelia Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	Mar 27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy Gludden Harris	FULL MAIDEN NAME	Rachel Louisa Lake
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	W	COLOR	Mexican
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mexico
OCCUPATION	Com Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4 — 8 — 1915 J. L. Reynolds
Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1957

NOV 18 1957

437-211-014-689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29735

County of Canyon

City of Emmett — Registration District No. 6 — File No.

No. ____, ____ St. — Primary Registration District No. 1010 — Registered No.

Hospital

FULL NAME OF CHILD Ruth Maxine McGowan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George McGowan	Edith Jewel Whitson
RESIDENCE	Emmett Ida	Emmett
COLOR	White	W
AGE AT LAST BIRTHDAY	31 (Years)	25 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Merchant	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

Filed 4-17 1915 J. L. Reynolds Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 18 1964

515-212-014-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29736

Registration District No. 6 File No. .....

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Olive Marie Vanfleet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Wesley Vanfleet	FULL MAIDEN NAME	Nellie Grace Brown
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	Iona
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12-30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Filed 4-30 1915 J. L. Reynolds
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 194

964-104-014-297

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 6

File No. 29737

No. ..... St.

Primary Registration District No. 1010

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Leslie Roup

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	4 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jesse B Roup	FULL MAIDEN NAME	Grace Linten Biggs
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Joseph Oregon	BIRTHPLACE	Shawnee, Okla.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 53 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19....

Filed 5-5- 1915 J L Reynolds Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-105-014-292

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 4 File No. 29738

No. ____ St.

Primary Registration District No. 10 10 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
Male			Yes	4 5 15

FATHER		MOTHER	
FULL NAME	Robt. Jno. Howard	FULL MAIDEN NAME	Alta Sissler
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mankato Minn	BIRTHPLACE	Crookston Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 5-5-1915 J L Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-213-008-235

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29740

County of Boise

City of Horseshoe Bend

Amended 6/23/77

Registration District No. 6

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD MARY FENTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lyman H Fenton	FULL MAIDEN NAME	Nellie Stephenson
RESIDENCE	Horseshoe Bend Idaho	RESIDENCE	Horseshoe Bend Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Horseshoe Bend Idaho	BIRTHPLACE	Horseshoe Bend Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Filed 5-5 1915

J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 20 1956

3/1/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Boise } ss.

Certificate No. 29740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ida May Fenton (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1915 (Date of Event)
in Horseshoe Bend, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ida May Fenton	Mary Ida Fenton

Subscribed and sworn to before me this 23 day of June, 19 77
Notary Public, residing at Horseshoe Bend Idaho
My commission expires May 29 1981
(Seal)

Signed Mary G. Cooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street ~~Address~~, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Boise } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of June, 19 77
Notary Public, residing at Horseshoe Bend Idaho
My commission expires May 29 1981
(Seal)

Signed Sarah Fenton Deen
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Bureau of the Census report dated 5/20/77 showing census data of 1/1/20 gives name as Mary Fenton. viewed by V.S.

JUN 23 1977

Own child's birth certificate issued by State of Idaho 8/29/61 child born 8/14/39, gives mother's name as Mary Fenton. viewed by V.S.

380-223-014-457

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29741

County of Canyon

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD Elenor Thornock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Alma Thornock	FULL MAIDEN NAME	Mary Ann Hortta DeGraw
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bloomington Idaho	BIRTHPLACE	Glendale Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Filed 5-5 1915 J L Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653401c014-236.

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 6 File No. 29742

No. ..... St. Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD CARL EDWIN FELS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 1 1915

FATHER	MOTHER
FULL NAME Carl Frederick Fels	FULL MAIDEN NAME Linnie Ethel May Story
RESIDENCE Emmett Idaho	RESIDENCE Emmett, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Germany	BIRTHPLACE Boulder, Colo.
OCCUPATION Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. N. Cummings

(Physician or midwife)

Address Emmett

Filed 5—5—1915 J. L. Reynolds Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Chelan } ss.

Certificate No. 29742

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carl Edwin Fels (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1915 (Date of Event)
in Emett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carl Edwin Fels

Subscribed and sworn to before me this 24th. day of August 42

Notary Public, residing at Chelan

My commission expires April 24, 1946

(Seal)

Signed Mrs C.F. Fels
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 28 1942

SEP 1 1949

862-20910Y-791

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 2973

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Hilda May Hobart

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	April 8 1915

FATHER		MOTHER	
FULL NAME	D. D. Hobart	FULL MAIDEN NAME	Gladys Graybill
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Virginia
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Apr 16 1915 Dr. S. D. Cologne Registrar

Anna Layfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1955

249.106.014.268

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29744

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Maurice M. Burkholder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	Yes	April (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. J. Burkholder	FULL MAIDEN NAME	Florenda Kohli
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4-a, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed April 16 15 Dr S D Calonge Registrar

Anna Hatfield Deputy

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 K

8/30/41

168-111-014-795

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29745

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD X Robert Gilmore Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	April 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Johnson	FULL MAIDEN NAME	Leta Green
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Nampa Ida

Filed April 20 1915 Dr S D Calouge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/29/41. w.h.

812-213-014-175

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29746

County of Canyon

City of Nampa R.F.D. No 4

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Margaret Phyllis Haskins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	X	X	Yes	April 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Haskins	FULL MAIDEN NAME	Carmilla Agenbroad
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed April 17 1915 Dr D D Calonge
Registrar

Registrar

Anna Hatfield Deputy

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

JAN 22 1942

639-~~350~~-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa

Registration District No. 7

File No. 29747

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital ——

FULL NAME OF CHILD ~~Margarett~~ MARGUERITE Marie Oliver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr. (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Isac Edward Oliver	FULL MAIDEN NAME	Octavia Noll Marshall
RESIDENCE	Eagle Heights	RESIDENCE	Eagle Heights
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Galbraith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa, Idaho

Filed April 26 15 Dr S D Calouge Registrar

Anna Hatfield Deputy

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ California } ss. Certificate No. 20747

County of Canyon Los Angeles Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Margarett Marie Oliver (Name on Original Certificate) who was Born (Was Born or Died) on April 20, 1915 (Date of Event)

in Near Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margarett	Marguerite Marie Oliver

Subscribed and sworn to before me this 13th day of May, 1942

William Baxter

Notary Public, residing at Los Angeles

My commission expires July 31st 1944

(Seal)

Signed Isaac Edward Oliver

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6415 - 2nd Ave - Los Angeles, Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1942

William Baxter

Notary Public, residing at Los Angeles

My commission expires July 31st 1944

(Seal)

Signed James Patrick Marshall

(Signature of Any Credible Person Other Than Previous Year)

1032-W-47th St Los Angeles Calif

(Street Address, City, State)

JUL 20 1948

JUL 2 1 1942

712-201-014-433

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29748

County of Canyon

City of Nampa

No. R.N.D. No 4 St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Frances Viola Gassoin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	April 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. H. Gassoin	FULL MAIDEN NAME	Sarah McCarty
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Nampa Idaho

Filed April 30 1915 Dr S D Calonge
Registrar

Registrar

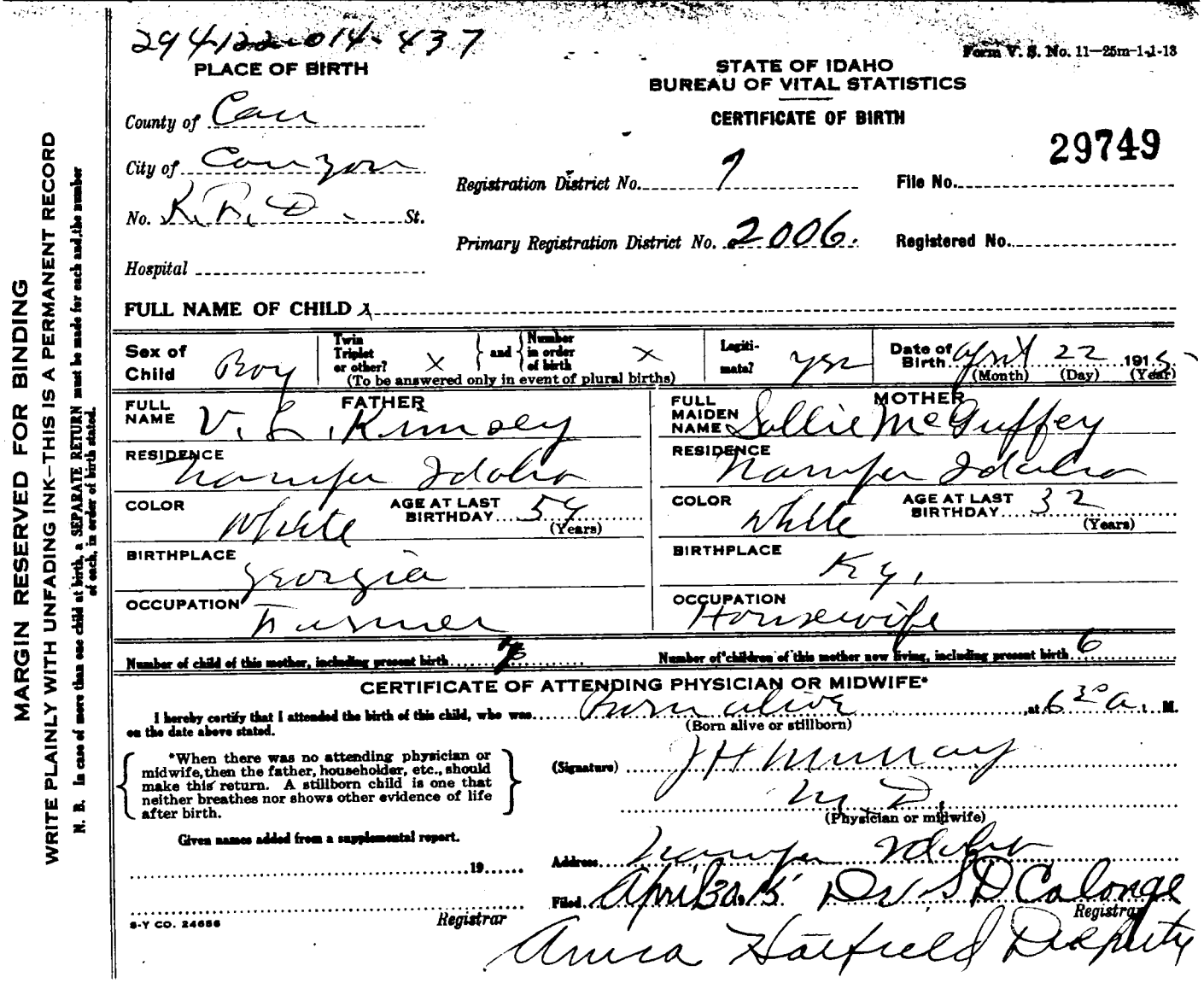
Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294122-014-437

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29749

County of Can

City of Canyon

No. K. R. D. St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 2006.

Registered No.

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	April 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	V. L. Kinsey	FULL MAIDEN NAME	Sallie McGuffey
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Georgia	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed April 30 1915 Dr. S D Calonge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Dup00 1915-299820

295 223 014 386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29750

County of Canyon

City of Near Nampa

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2006

Registered No.

Hospital Home

FULL NAME OF CHILD Alvilda May Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Granville Kinney	FULL MAIDEN NAME	Lena Margarete Thomas
RESIDENCE	2½ miles N.E. of Nampa Ida	RESIDENCE	4 miles N.E. of Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 yrs. (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Galbraith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa, Idaho

19

Filed April 26 1915 Dr S D Calouge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Lassen

RECEIVED
MAY 10 1971
Bureau of Vital Statistics

Certificate No. 29750

Date Filed April 26, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kinney (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April 23, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Alvilda May Kinney

Subscribed and sworn to before me this 5th day of May, 1971

Signed Marjorie O Kinney Walthers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Susanville, Calif.
My commission expires July 29, 1972.
(Seal)

1308-4th Street, Susanville, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4/28/71 nm

JUN 1 1971

Letter from Gerber Union Elementary School gives nameas Alvilda Kinney. Date of birth Apr. 23, 1915. For school year from 1925-26. Was in third grade that year taught by Hilda Willard. Viewed by V. S.

Family Bible Record gives name as Alvilda M. Kinney, born April 23, 1915. Parents names as Lena Thomas and Granville H. Kinney. Viewed by V. S.

Certified copy of birth record from state of California for Barbara Jean Cline born May 3, 1935 at Red Bluff, California. Father's name given as William Cline and mother's name as Avilda May Kinney. Copy dated Oct. 23, 1945. Viewed by V. S.

386-224-014-386

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29751

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Josephine Dorothy Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	April (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R B Thomas	FULL MAIDEN NAME	Alta Lyon.
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg.
Engs.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 4 1915 Dr S D Calonge
Anna Hatfield Deputy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1959

191-203-014-193

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29752

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	May 3 1915

FATHER		MOTHER	
FULL NAME	Antone Azevedo	FULL MAIDEN NAME	Isabell Silva
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	[redacted] Boxer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9-P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

Filed May 7 19 15 Dr J D Calouge Registrar

.....
Registrar

Anna Hatfield Deputy

S-Y CO. 84696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544-101-029-249

PLACE OF BIRTH

Form V. S. No. 11-C-2bm-1-1-[illegible]

[illegible] BUREAU [illegible] ATISTICS

CERT[illegible]TH

29753

County of Latah

City of Potlatch

No. (Country) St.

Hospital

Registration District No. 65

File No.

Primary Registration District No. 2140

Registered No.

FULL NAME OF CHILD Delbert Glen Humiston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Apr 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Humiston	FULL MAIDEN NAME	Iva Burden
RESIDENCE	Potlatch (Country)	RESIDENCE	Potlatch R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Palouse Wash

Filed April 10 1915 Dr J. W. Thompson

Registrar

Registrar

S-Y CO. 24655

K

Certificate of Marriage, State of Washington, County of Asotin, No. 431, married May 2, 1945 gives full name of groom as Delbert Glen Humiston and full name of bride as Edna L. McMullin - viewed by V.S.
Own Child's Birth Cert. on file: (Idaho Birth) #50-09566 gives full name of father as Delbert Glen Humiston - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 26 1961
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Clearwater } ss.

Certificate No. 29753

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Humiston (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1915 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Delbert Glen Humiston

Subscribed and sworn to before me this 24th day of October, 1961.
Notary Public, residing at Pierce, Idaho
My commission expires June 5, 1963
(Seal)

Signed Iva Humiston Lang
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pierce, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Clearwater } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1961.
Notary Public, residing at Pierce, Idaho
My commission expires June 5, 1963
(Seal)

Signed Chas Lang
(Signature of Any Credible Person)
Pierce, Idaho
(Street Address, City, State)

FORM DH 60-135

CL 8-24-61. one copy pd. receipt #235.

NOV 14 1961

263-109-029-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. (Country) St.

Hospital

Registration District No. 65

File No. 29754

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD William Boller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Apr. (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Boller	FULL MAIDEN NAME	Emma Leinhard
RESIDENCE	Potlatch R.F.D.	RESIDENCE	Potlatch R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T. Boyd

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Palouse Wash.

Filed April 15 1915 D. Jr. Thompson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-120-029-632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29755

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

Primary Registration District No. 2145

File No. .....

Registered No. .....

FULL NAME OF CHILD Yoshimi Otsu

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓	✓	yes.	April 20th 1915.

FATHER		MOTHER	
FULL NAME	Sashichi Otsu	FULL MAIDEN NAME	Hisako Otsu
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	yellow.	COLOR	Yellow.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated., at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 12th 1915. D. Jr. Thompson Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-218-029-293

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29756

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Catherine Leona ~~Leona Catherine~~ Smith Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	April 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. A. Smith Smith	FULL MAIDEN NAME	Myrtle Kilyou
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison M.D.

(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report

..... 19.....

Filed April 16 1915 Dr J W Thompson Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 29756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Catherine Leona Smith (Name on Original Certificate) who born (Was Born or Died) on April 16, 1915 (Date of Event)
in Potlatch Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leona Kathryn	Catherine Leona Smith
	Catherine Leona	
	18th	

Subscribed and sworn to before me this 18th day of May, 1942

Notary Public, residing at Spokane, Wash.

My commission expires Dec 18-1944
(Seal)

Signed Myrtle Smith, Asa A Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Potlatch Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1942

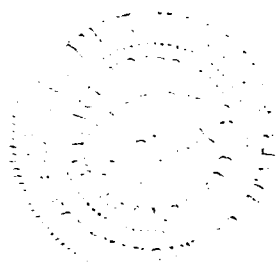
Notary Public, residing at Spokane, Wash.

My commission expires Dec 18-1944
(Seal)

Signed J. Floyd Claypool
(Signature of Any Credible Person Other Than Previous Year)

W 204 Montgomery Spokane, Wn.
(Street Address, City, State)

JUN 8 1945



295-113-029-455

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ..... *St.*

Hospital .....

Registration District No. 65 **File No.** 29757

Primary Registration District No. 2145 **Registered No.** .....

FULL NAME OF CHILD William. King.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male.	✓		✓	yes.	April. 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore. King.	FULL MAIDEN NAME	Millicent Mendenhall.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white. AGE AT LAST BIRTHDAY 40. (Years)	COLOR	white. AGE AT LAST BIRTHDAY 21. (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson
M. D.
(Physician or midwife)

Address Potlatch Idaho.

Filed April. 15th 1915. Dr. J. W. Thompson
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

152-204-029-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29758

County of Latah

City of Potlatch

No. 920 Cedar St.

Hospital

Registration District No. 65

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Evelyn Mable Allene Anshutz

Sex of Child: female	Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: April 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward H Anshutz	FULL MAIDEN NAME	Leonee Opal Stamper
RESIDENCE	920 Cedar	RESIDENCE	920 Cedar.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Millright	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heine MD

(Physician or midwife)

Given names added from a supplemental report.

Address P.O.B. 283 Palouse Wash.

19

Dr. J.W. Thompson Registrar

Filed April 16 1915 Dr. J.W. Thompson Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1944

215-213-029-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29759

County of Latah

City of Potlatch

No. 960 Spruce St.

Hospital

Registration District No. 65.

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Dorothy Carol Sanborn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	April 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carroll Earl Sanborn	FULL MAIDEN NAME	Agnes Burquest
RESIDENCE	960 Spruce	RESIDENCE	960 Spruce
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Min.	BIRTHPLACE	Min
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heine MD

(Physician or midwife)

Given names added from a supplemental report.

19

D. J. W. Thompson
Registrar

Address P.O 203. Palouse Wash.

Filed April 16 1915

D. J. W. Thompson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-1221029-866

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29760

County of Salah

City of

No. St.

Hospital

Registration District No. 65

Primary Registration District No. 2145

File No.

Registered No.

FULL NAME OF CHILD ~~Not Named~~ Albert Monroe Berry

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Moses L Berry	FULL MAIDEN NAME	Mertie Howells
RESIDENCE	Salah Co	RESIDENCE	Salah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison M D

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

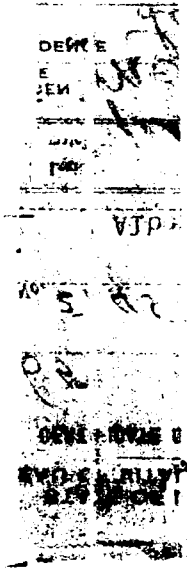
19

D. J. W. Thompson Registrar

Filed March 1st 1915

D. J. W. Thompson Registrar

S-Y CO. 24686



Own Child's Birth Cert. on file: (Idaho Birth) #337566 gives full name of father as Albert Monroe Berry - viewed by V.S.

Photo Copy of Social Security Application, dated July 7, 1939, #518-18-7556 gives full name as Albert Monroe Berry, born Feb. 22, 1915 at Moscow, Idaho to

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
NOV 12 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. VS 29760

State of Idaho
County of Latah } ss.

Moses Loren Berry and Nettie May Howell - married

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Berry (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1915 (Date of Event) in Latah Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Albert Monroe Berry

Subscribed and sworn to before me this 24th day of June, 1957

Notary Public, residing at Potlatch, Idaho

My commission expires Nov 8, 1960

(Seal)

Signed Ernest L. Berry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Potlatch Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1957

Notary Public, residing at Potlatch, Idaho

My commission expires Nov 8, 1960

(Seal)

Signed Goldie E. Gregory
(Signature of Any Credible Person)

Princeton Idaho
(Street Address, City, State)

FORM DPH 55. 155

EL NN 5-14-57 1 copy paid

231-201-042-365

PLACE OF BIRTH

STATE OF ID[redacted] Form V. S. No. 11-C—25m-1-1-12

BUREAU OF VITAL[redacted]

CERTIFICATE OF BIRTH

29761

County of Twin Falls

City of Buhl

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	4 — 1 — 1915

FATHER		MOTHER	
FULL NAME	Earl Blakeslee.	FULL MAIDEN NAME	Ruby Conner
RESIDENCE	3 M. 5 1/2 East.	RESIDENCE	Same.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. Y.	COLOR	White
OCCUPATION	Farmer.	BIRTHPLACE	Kans.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4—9 1915 J. H. Murphy Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

323-103-042-955

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29762
Local Reg. No.
Reg. Dist. No. 39

Amended 6/7/78

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): John
b. (Middle): Henry
c. (Last): Tschannen

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): April 3, 1915

FATHER OF CHILD Time: 10:00 AM

7. FULL NAME
a. (First): Rudolph
b. (Middle):
c. (Last): Tschannen

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Josephine
b. (Middle):
c. (Last): Reek

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Illinois
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. Wetherbee
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Buhl, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 4-15-15
22. REGISTRAR'S SIGNATURE: J. H. Murphy
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard ~~serological test~~ for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

DECEASED 8-2-03
ID 03-5921

Use only LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 2 9 45 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 29762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Richard Tschannen (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1915 (Date of Event) in Buhl, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Richard Tschannen	John Henry Tschannen

Subscribed and sworn to before me this 2nd day of February, 1978.

Notary Public, residing at Bliss, Idaho

My commission expires 12-4-79

(Seal)

Signed Josephine Tschannen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

642 Washington, Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1978.

Notary Public, residing at Bliss, Idaho

My commission expires 12-4-79

(Seal)

Signed Wayne A. Holden
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 80.155

CL 12/30/77 1cc pd. rec. #.13461

Insurance policy from American National Ins. Co. gives nameas John Henry Tschannen. dated June 19, 1937. Pl.icy No. 593105. viewed by V. S.

Letter from Gooding County Schools gives name as John Tschannen, age 14 in 1929. parents names as Rudolph Tschannen and Josephine. viewed by R.VS.

323-103-042-955

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29762

Registration District No. 34 File No. .....

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Richard Rschannen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	August 3 1915

FATHER		MOTHER	
FULL NAME	Rudolph Rschannen	FULL MAIDEN NAME	Josephine Reeb
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Switzerland	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 4-15 1915 J. A. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1978

695-104-042-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29763

County of Twin Falls.

City of Buhl

Registration District No. ____ File No. ____

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Harry Landon

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		yes	4-4-191[illegible]

FATHER		MOTHER	
FULL NAME	A. R. Arredondo.	FULL MAIDEN NAME	Anna Lindstrom.
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	white.	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D.

(Physician or midwife)

Address Buhl, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 4-9-1915 J. N. Murphy Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1954

MAY 7 1942

365.107.042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29765

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	4-7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. L. Conner.	FULL MAIDEN NAME	Venice Kinyon.
RESIDENCE	5 S. 7 W. Buhl.	RESIDENCE	5 S 7 W Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 4-9 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794 108-042-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29766

County of Twin Falls

City of Buhl

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Martin Glenn Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	4-8-1915

FATHER		MOTHER	
FULL NAME	M. C. Graves	FULL MAIDEN NAME	Ethel Eggleston
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy, M. D.
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-9-1915 J. H. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1949

DEC 31 1948

455·10P·042-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29767

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Wilbern

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	4-8 1915

FATHER		MOTHER	
FULL NAME	Jim Dennis	FULL MAIDEN NAME	Lessie Mofield
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-9 1915 J. H. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-109-042-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29768

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Harold Hugh Farlinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Apr. (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harold C Farlinger	FULL MAIDEN NAME	Laura A Miller
RESIDENCE	Buhl Ido	RESIDENCE	Buhl Ido
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cleveland Ohio	BIRTHPLACE	Denver Colo
OCCUPATION	Clerk Implement Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ido

Filed 4-15 1915 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

c.c. 5/6/41. w.h.

355-111-042-866

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Form S. No. 11-C—25m-1-I-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29769

Registration District No. 34

Primary Registration District No. 2087

File No. _____

Registered No. _____

FULL NAME OF CHILD Robert Earl Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	April 11 1913

FATHER		MOTHER	
FULL NAME	Robert E. Lee	FULL MAIDEN NAME	Martha Hoffman
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Clerk gen. store	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a.m. M on the date above stated.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl Ida.

Filed 4-15 1913 J. H. Humphrey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

9-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1957

238-212-042-799

PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29770

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39. File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Daisie O. Blystone

Sex of Child: F. | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 4 (Month) - 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	O. L. Blystone.	FULL MAIDEN NAME	Bessie Price.
RESIDENCE	4 E. 5/10 S. Buhl	RESIDENCE	Same.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Murphy M. D.
(Physician or midwife)

Address Buhl.

Filed 4-17 1915 J. W. Murphy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

6-10-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29770

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of 'Birth (Birth or Death)
for Unnamed Blystone (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs aame	unnamed	Daisie O. Blystone

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of
June, 1966

Signed Bessie L. Klinefelter
(Signature of Any Credible Person)

Notary Public, residing at Gooding
My commission expires March 1-1968
(Seal)

410 Washington St
(Street Address, City, State)

FORM DH 60-155

~~-Own-childs-birth-certificate-gives-name-of-mother-as~~ AUG 31 1966

Own child birth certificate on file with atate of Idaho file # 303830 gives name of mother as Daisie O. Blystone. Child born June 22, 1940. MAY 4 1967
Viewed by V. S.

Marriage license and certificate gives name of bride as Daisie O. Blystone married to Fred. E. Lewis April 26, 1931 in Linclon County, Idaho.
Viewed by V. S.

248-213-042-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39.

File No. 29771

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joe M Serber	FULL MAIDEN NAME	Sarah E Murray
RESIDENCE	6 S 6 W. Buhl	RESIDENCE	6 S & 6 W Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mountain Grove Mo	BIRTHPLACE	Litchfield Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McCluskey

Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 4-15 1915 J. L. Newfley Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-114-042-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 39 File No. 29772

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD HOWARD MADISON COBB

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Apr (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L G Cobb	FULL MAIDEN NAME	Florence L Berryman
RESIDENCE	4 mi N C Filer	RESIDENCE	4 mi N. C Filer
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wrentham Mass	BIRTHPLACE	Riverside New Brunswick
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 4-15 1915 J. L. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 19

736-223-042-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Bubl

No. ..... *St.*

Hospital .....

Registration District No. 39.

Primary Registration District No. 2087

File No. 29773

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes.	**Date of Birth** 4-23 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	M. C. Glodowski.	**FULL MAIDEN NAME**	Katharine Heyman
RESIDENCE	3 S. Bubl.	**RESIDENCE**	same.
COLOR	W. **AGE AT LAST BIRTHDAY** 27 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 23 (Years)
BIRTHPLACE	Neb.	**BIRTHPLACE**	Neb.
OCCUPATION	Farmer.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 10.15 P **M on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Bubl Ida

Filed 4-30 1915 J. H. Murphy *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-125-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 29774

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Walter Partin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	4-25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. M. Partin.	FULL MAIDEN NAME	Pearl King.
RESIDENCE	4½ S. Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 4-30 1915 J. H. Murphy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 5 1951

638-126-042-439

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 29775

Primary Registration District No. 2077 Registered No. .....

FULL NAME OF CHILD Warren Lafayette Flynn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes.	4-26-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. R. Flynn	FULL MAIDEN NAME	Laura Ulrich.
RESIDENCE	6 S. T. W. Buhl.	RESIDENCE	same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy. M. D.

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-30 1915 J. A. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-229-033-643

11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIST[redacted]

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 49

Primary Registration District No. 2177

File No. 29776

Registered No. .....

FULL NAME OF CHILD Anne Kroh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes	Apr 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Kroh	FULL MAIDEN NAME	Anne Fultz
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address .....

Filed May 10 1915 W D West *Registrar*

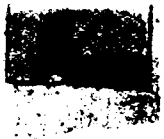
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 28 1960

AUG 24 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-125-022-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29777

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Allen C McArthur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 25 1915

	FATHER	MOTHER
FULL NAME	Daniel McArthur	FULL MAIDEN NAME Cora C Allen
RESIDENCE	St Anthony Ida	RESIDENCE St Anthony
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wellsville Cache Co. Utah	BIRTHPLACE Cornish Utah
OCCUPATION	R.F.D. Carrier	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 10 1915 W Burt

Registrar

S-Y CO. 24695

Registrar

955-107-022-119

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29778

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Frank Exor Ives

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	twin	2nd	yes	Apr 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geoffrey Ives	FULL MAIDEN NAME	Mary DeJardine
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Forman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 10 1915 W D West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 4 1974

393-129-022-962

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 991 **File No.** 29779

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Francis Lemsby Littlefield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Littlefield	FULL MAIDEN NAME	Vera Rosenloff
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk (Clothier)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 9:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W D West

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

713-215-022-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 29780

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary May Galloway

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Galloway	FULL MAIDEN NAME	Mary Shelton
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) S. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W D West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1976

693-213-022-267

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 C Rev. 1-1-13

29781

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital LILLIAN, LOUISE

FULL NAME OF CHILD ~~Fannie H~~ Wilcox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr 13 1915

FATHER		MOTHER	
FULL NAME	Percy Wilcox	FULL MAIDEN NAME	Lilian Soper
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Phg.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 10 1915 W D West
Registrar

Registrar

S-Y CO. 24455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ted States (Be sure the information is as of date of birth of THIS child) State File No. 978:1
)artment of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
'eau of the Census STATE OF IDAHO Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Fremont (b) City St Anthony
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
at Home
e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) St Anthony Ida

FULL NAME OF CHILD Lillian Louise Wilcox
5. Date of Birth of Child (Month, day, year) April 13-1915
Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Percy Seth Wilcox
Color or Race White 12. Age at time of THIS birth 28 yrs.
Birthplace St Anthony Idaho (City or town) (State or foreign country)
Exact Occupation Farmer
Industry or Business Retail Dry Goods Store

MOTHER OF CHILD
16. FULL MAIDEN NAME Lillian Louise Rogers
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Raymond Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Dr A. Morefield (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Percy Seth Wilcox Signature

P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943.

(SEAL) Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 26 1964

MAR 16 1943

ceived for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-212-022-997

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of New Dale

Registration District No. 99 **File No.** 29782

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Thelma Blair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anthony Blair	FULL MAIDEN NAME	Jane Rigby
RESIDENCE	New Dale	RESIDENCE	New Dale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W D West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1982

235-108-022-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29783

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Gerald Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 8 1915

FATHER

FULL NAME George Stewart

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Georgia Birch

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

(Signature) C. J. Moorfield

(Physician or midwife)

Address .....

Filed May 1 1915 W D Ward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

955-207-022-451

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 **File No.** 29784

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Helen Marie Ives

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	twin	1	yes	Apr 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Geo Wm Ives	FULL MAIDEN NAME	Mary DeJardine
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, w[illegible] Born alive at 1 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

[illegible] 4 10 1915 W B West

Registrar *Registrar*

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-207-022-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29785

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Margery Ellen~~ MARJORIE ELLEN ~~Roseborough~~ ROSEBOROUGH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert S Roseborough	FULL MAIDEN NAME	Susan Alice Crabb
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W D Weir

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 29785

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margery (Name on Original Certificate) who was born alive (Was Born or Died) April 7th 1915 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margery	Marjorie Ellen Roseborough

Subscribed and sworn to before me this 12th
day of September 19 42.
Kathryn Coffin Deputy
Clerk of District Court.
Notary Public, residing at

My commission expires
(Seal)

Signed Susan Roseborough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

SEP 14 1942

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1973

SEP 15 1942

291-206-022-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29786

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Madge Krang

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 6 1915

FATHER		MOTHER	
FULL NAME	William Wallace Krang	FULL MAIDEN NAME	Lilian Andrews
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5-15-PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A J Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W B Wall

..... Registrar

2-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1969

Amended 6/25/70

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

432-106-022-665

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29787

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Lynn A. McKinley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur McKinley	FULL MAIDEN NAME	Laura Edna Owens
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1,534 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W B West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1967

JUN 25 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss
County of Bonneville

RECEIVED
JUN 8 - 1970
Bureau of Vital Statistics

Certificate No. 29787

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Herald McKinley (Name on Original Certificate) was born (Was Born or Died) on April 6, 1915 (Date of Event) in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Herald McKinley	Lynn A McKinlay
Father's Last Name	McKinley	McKinlay

Subscribed and sworn to before me this 14th day of February, 19 68

Notary Public, residing at Idaho Falls, Idaho

My commission expires August 11, 1969

(Seal)

Signed Laura O. McKinlay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1440 - 3rd Street Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5-3-67. one copy pd.

L.D.S. Church Cert. of Blessing, June 6, 1915 gives full name as Lynn A McKinlay, son of Arthur McKinlay and Laura E. Owen, born April 6, 1915 at Teton, Idaho - viewed by V.S.

MAY 7 1975

L.D.S. Church Cert. of Baptism and Confirmation, June 2, 1923 gives full name as Lynn A McKinlay, son of Arthur McKinlay and Laurah A Owens, born April 6, 1915 at Teton, Idaho - viewed by V.S.

285-205-022-137 first name added 3-5-86 dl

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29788

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 217

Registered No.

Hospital

FULL NAME OF CHILD Emma Elva Shelton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R Shelton	Ivy Algood
RESIDENCE	St Anthony	St Anthony
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	22
BIRTHPLACE	Utah	Ida
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 45 M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Moorefield

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed May 10 1912

W E Watt

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-21-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 20 9 37 AM '86

State of Idaho
County of Bonneville } ss.

Certificate No. 29788
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Elva Shelton (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 5, 1915 (Date of Event)
in St Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Elva Shelton	Emma Elva Shelton

Subscribed and sworn to before me this 28th day of January, 1986
Notary Public, Vicki Brammer
Residing at Idaho Falls, ID
My commission expires March 7, 1986
(Seal)

Emma Elva Shelton (Jeppson)
Signature of Applicant
6826 W. 10th N. West Bountiful, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1986
Notary Public, Vicki Brammer
Residing at Idaho Falls, ID
My commission expires March 7, 1986
(Seal)

Dorothy L. Shelton Bowman
Supporting Signature
1220 Cathryn Idaho Falls, Id.
Street Address, City, State

Certificate of Blessing from LDS Church gives Emma Elva Shelton daughter of James R Shelton and Pearl Allgood born April 5, 1915 at Wilford was blessed June 1, 1915. Viewed by V.S.

Certificate of Baptism from LDS Church gives Emma Elva Shelton daughter of James Shelton and Pearl Allgood born April 5, 1915 at St. Anthony was baptised Oct 14, 1923. Viewed by V.S.

MAR - 5 1986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 221-022-791

[illegible] OF BIRTH

Form V. S. No. II-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99

File No. 29789

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital Esther Irene

FULL NAME OF CHILD Lizzie Dewald

Apr. 21, 1915

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 23 1915

FATHER		MOTHER	
FULL NAME	John Dewald	FULL MAIDEN NAME	Anne Propp
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 x 5 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 11 1915 W B West

Registrar

Registrar

S-Y CO. 24655

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29789
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lizzie De Wald (Name on original certificate) who Born (Was born or died) on April 21 (Date of event)
in PARKER, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Lizzie	Esther Irene
Born		April 21

Subscribed and sworn to before me this 17th day of July, 1941
W. Russell
Notary Public, residing at Nampa, Idaho
My commission expires Feb-28, 1945
[SEAL]

Signed Father Joshua Dewald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Rt 1, Kuna, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1941
W. Russell
Notary Public, residing at Nampa, Idaho
My commission expires Feb. 28th, 1945
[SEAL]

Signed Mrs. J. F. Ginder
(Signature of any credible person other than the previous affiant)
716-7 Ave So. Nampa, Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

814-105-073-269.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 29790

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Jno Hamilton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Rawson	Elizabeth Boid
RESIDENCE	St Anthony	St Anthony
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	England	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 10 1915 W.D. Wolvert Registrar

S-Y CO. 24655

965-121-022-464.

PLACE OF BIRTH

Form V. S. No. 11[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 29791

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Emanuel Roemer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Conrad ~~Ramm~~ Roemer	FULL MAIDEN NAME	Anne Dorn
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 W H West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 16 1969

796-218-022-533

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29793

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Bernice Grover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 18 1910

FATHER		MOTHER	
FULL NAME	Napoleon Grover	FULL MAIDEN NAME	Marie Ellingson
RESIDENCE	Parker	RESIDENCE	Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 10 1905 W. B. West

Registrar Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

386-101-022-799

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29794

Registration District No. 91 File No. _____

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Eugene Grant Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Grant Thompson	FULL MAIDEN NAME	Hazel Edna Griffiths
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 10 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed May 10th 1913 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9
JUL 21 1960

855-102-022-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29795

County of Fremont

City of Parker

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** .....

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Henry Noodrow Hendrickson

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Apr (Month) 2 (Day) 1912 (Year)

FATHER		**MOTHER**	
FULL NAME	Henry Morton Hendrickson	**FULL MAIDEN NAME**	Hilma Clara Johnson
RESIDENCE	Parker	**RESIDENCE**	Parker
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	32 (Years)	**AGE AT LAST BIRTHDAY**	27 (Years)
BIRTHPLACE	Norway	**BIRTHPLACE**	Utah
OCCUPATION	Farming	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 6 **Number of children of this mother now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 11 1912 W. B. West

..... *Registrar* *Registrar*

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-219-022-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 29796

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Rova Karlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Apr 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Karlson	FULL MAIDEN NAME	Leah Louise Haight
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oakley	BIRTHPLACE	Parker
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915

W B West
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-222-022-157

PLACE OF BIRTH

Amended Aug. 16, 1955

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 29797

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD IRMA PORTER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 22 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Fred C. Porter	FULL MAIDEN NAME: Stella M. Jepson
RESIDENCE: Ashton R.F.D. No. 1	RESIDENCE: Ashton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: New Zealand	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. West, M.D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 10 1915 W. D. West Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—28m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2979

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Mae Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 22 1915

FATHER		MOTHER	
FULL NAME	Fred C Porter	FULL MAIDEN NAME	Stella M Jepson
RESIDENCE	Ashton R F D, No 1	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	New Zealand	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 6 1915 W D West
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RESERVED FOR BINDING

JUL 8 1955

JUL 9 1955

AUG 17 1955

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29797

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Mae Porter (Name on Original Certificate) who was born (Was Born or Died) on Apr. 22, 1915 (Date of Event)

in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing Record & Baptismal Record-May 22, 1915 & June 30 1923 Child's Birth Cert. #238817 (Bible Record, Insurance Policy, Etc.) prepared on Dec. 18, 1935 (Give Date), are: Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mae Porter	Irma Porter

Subscribed and sworn to before me this 14th day of July, 1955

J. W. Bergan
Notary Public, residing at Boise
My commission expires 1 Aug 58
(Seal)

Signed Irma Porter Hess
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ashton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Stella Jeppson Porter
(Signature of Any Credible Person)

.....
(Street Address, City, State)

689208-022-842

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. [illegible]

CERTIFICATE OF BIRTH

29799

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Evelyn White

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	May 5 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Marthum White	FULL MAIDEN NAME	Mary Ann Hubbard
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Coal P.C.	OCCUPATION	Housework

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 lb. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Wood

St Anthony
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr 9th 1915 W D Wood M.D.
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued January 20, 1941. E.W.

JUL 14 1967
OCT 28 1958

364-228-022-766

Form V. S. No. 11-C—25m-1-1-

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 29800

Primary Registration District No. 5177 Registered No. .....

FULL NAME OF CHILD Alice Lucile Tout

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 28 1915

FATHER		MOTHER	
FULL NAME	Thomas Walter Tout	FULL MAIDEN NAME	Mable Ruth Powell
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Egin Ida	BIRTHPLACE	Egin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Apr 9 1915 W B West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 11 1952

453-123-022-845

Form

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

25801

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD ~~Hafen Dennis~~ Ivan C. Decker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis L. Decker	FULL MAIDEN NAME	Martha L. ~~Decker~~ Hunter
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 9th 1915 W B West Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

OCT 10 1950

JAN 2 195

862.222.022-582

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 29802

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Laura Elizabeth Stabbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Mar 12 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Elvin M. Stabbs	FULL MAIDEN NAME	Estael Mayberry
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Rexford Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Bevert

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed Apr 9th 1917 W Bevert

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-21-022-689

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29803

Registration District No. 99 File No. .....

Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD Irene Ruth Cox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 17 1919

FATHER		MOTHER	
FULL NAME	Edward Cox	FULL MAIDEN NAME	Hallie White
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Youngstown Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) W. B. Wood

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 6 1919

W. B. Wood Registrar

S-Y CO. 24655

796-205-022249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 29804

Primary Registration District No. 2-77 Registered No. _____

FULL NAME OF CHILD Alice Katie Grover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 5 1915

FATHER		MOTHER	
FULL NAME	Henry Alfred Grover	FULL MAIDEN NAME	Ester Grant Smith
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 16th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive at 7 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Apr 16th 1915 W D West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-439380

155-204-022-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. _____ St.

Hospital _____

Registration District No. 99

Primary Registration District No. 2177

File No. 29805

Registered No. _____

FULL NAME OF CHILD Augusta Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Girl				Yes	Mar 4 1915

FATHER		MOTHER	
FULL NAME	Wm Jenkins	FULL MAIDEN NAME	Nannie Smith
RESIDENCE	Ashton R F D,	RESIDENCE	Ashton R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Wurst

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Registrar

Address _____

Mar 10 1915 W D Wurst Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

155-105 (022-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 29806

Primary Registration District No. 2177 Registered No. —

FULL NAME OF CHILD Claud ~~Lowell~~ Lowell Claud Jenkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claud Rice Jenkins	FULL MAIDEN NAME	Eva Lucy Seed
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Apr 9th 1915 W D West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 4, 1940. E.W.

APR 14 1987

669-18.022.299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 29807

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Leo Lagrande Worrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jerry J Worrell	FULL MAIDEN NAME	Maria E Bird
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Apr 9th 1915

W A Wert

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-119-022-959

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 29808

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD John Garth Pinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 19 1951 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E Pinney	FULL MAIDEN NAME	Frankie E Reimer
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr 26 1951 W. J. West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-113-022-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 29809

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Joseph Lee McArthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Steven McArthur	FULL MAIDEN NAME	Lena Hansen
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 28 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr 9th 1915 W. G. West Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BIRTH

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Priest, January 10, 1937. gives full name as Joseph Lee McArthur, born Mar. 13, 1915 at St. Anthony, Idaho to Joseph S. McArthur and Effie Mangnen - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

State of Utah, Operator's License, No. 101704, date of issue Mar. 23, 1934 gives full name as Joseph Lee McArthur, age 19 BUREAU OF VITAL STATISTICS viewed by V.S. United States Dept. of Agriculture Forest Service, Moter Vehicle Operator

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana Permit, dated Sept. 27, 1935 - Hyrum Camp Certificate No. 29809
F-34, - gives full name as Joseph L. McArthur - viewed by V.S.
County of Yellowstone } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McArthur (male child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 13, 1915 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Joseph Lee McArthur

Subscribed and sworn to before me this 1st day of May, 1962

Notary Public, residing at Laurel, Montana
My commission expires Dec. 13, 1964
(Seal)

Signed Clara Mc Pendleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lovell, Wyoming
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Yellowstone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1962

Notary Public, residing at Laurel, Montana
My commission expires Dec. 13, 1964
(Seal)

Signed Edna Allen McArthur
(Signature of Any Credible Person)

Lovell, Wyoming
(Street Address, City, State)

FORM DH 60-155 CL 1-4-62. nm

MAY 8 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-2276 032-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF UTAH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29810

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. S.

Primary Registration District No. 177

Registered No.

Hospital

FULL NAME OF CHILD Elvira Annie Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 28 1915

	FATHER	MOTHER
FULL NAME	Albert Thompson	FULL MAIDEN NAME Rebecca Thompson
RESIDENCE	St Anthony	RESIDENCE St Anthony
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpet Weaver	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Apr 9th 1915

Registrar

S-Y CO. 24685

PLACE OF BIRTH

ted States
)artment of Commerce
·eau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7981 C
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Home of Albert J. Thompson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 10 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) St. Anthony Idah.

FULL NAME OF CHILD Elna Annie Thompson
5. Date of Birth of Child (Month, day, year) March 26 19[illegible]
Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Albert Jardine Thompson
Color or Race White
12. Age at time of THIS birth 32 yrs.
Birthplace West Weber Utah
(City or town) (State or foreign country)
Exact Occupation Farmer
Industry or Business Carpet Weaver

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rebecca Stimpson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace South Hooper Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Seamstress

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

:e of Idaho } ss.
nty of Fremont }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears tem 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that s. Albert Morefield (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Mrs. Rebecca S. Thompson Signature
R.F.D. #1 St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

:eived for filing on JAN 13 1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-227022-753

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 29811

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hilda Fay Zahner

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Mar 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo M Zahner	FULL MAIDEN NAME	Wiltha Peterson
RESIDENCE	New Dale	RESIDENCE	New Dale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 9th 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-227-022-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 29812

No. ____ St.

Primary Registration District No. 2177 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ethel Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm R Johnson	Isabelle Barnes
RESIDENCE	Chester	Chester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	England	Canada
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Moorfield

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed April 19 17 W Burrell Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-218-022-236

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29813

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Mary ~~[illegible]~~ Olah Harder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Mar 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephriam J Harder	FULL MAIDEN NAME	Mary Iva Stone
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebr
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:20 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 9th 1915 W B Hess Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13

212-203-042-324

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29814

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. ....., ... St.

Primary Registration District No.

Registered No. 35

Hospital Home

FULL NAME OF CHILD Velma Olive Babcock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 3 191 5

FATHER		MOTHER	
FULL NAME	Arthur M. Babcock	FULL MAIDEN NAME	M. Bird Simmons
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ottawa Kans	BIRTHPLACE	Utah Co. Idaho
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M D

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1915 J. M. Davis Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11/18/40 L.B.

STATE D
Bureau of Vit
CERTIFICATE

69-3210-042.643

14

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____, ____ St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 36

File No. 29815

Primary Registration District No. ____

Registered No. 36

FULL NAME OF CHILD Della Mae Willmarth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 10, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M. Willmarth	Nellie Fulton
RESIDENCE	Kimberly Idaho	Kimberly Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Boise Idaho	Decatur Tex
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M.D.

(Physician or Midwife)

Address Kimberly Idaho.

Given names added from a supplemental report

....., 19....

Filed Jan 15 19 15 J. M. Davis

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 27 1944

958 21-042-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29816

County of Twin Falls

City of Kimberly Registration District No. 36 File No.

No. , St. Primary Registration District No. Registered No. 37

Hospital Home

FULL NAME OF CHILD Dorothy Inez Regua

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 21, 1915

	FATHER	MOTHER
FULL NAME	Cyrus Bruce Regua	FULL MAIDEN NAME Alma Jones
RESIDENCE	Kimberly Idaho	RESIDENCE Kimberly Idaho
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Butler Mo	BIRTHPLACE Aurora, Nebr
OCCUPATION	Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Davis MD

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 19 15 Jno Davis

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1942

MAR 28 1974

813-228-042-793

Form V. S. No. 11-C—15m-6-20-1

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 29817

No. ....., ... St.

Primary Registration District No. .....

Registered No. 38

Hospital Home

FULL NAME OF CHILD Arline Yates

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr 28 1915

FATHER		MOTHER	
FULL NAME	Frank Yates	FULL MAIDEN NAME	Viola Helen Gilbert
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Rosette Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmhand	OCCUPATION	Hu

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jn Davis

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kimberly Idaho

Filed Apr 30 1915 Jn Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF [redacted]

43 [redacted]-007-319

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]laine

City of Clyde

Registration District No. 21 File No. 29818

No. ....., ... St.

Primary Registration District No. 7077 Registered No. 31

Hospital .....

FULL NAME OF CHILD Floyde Columbus McKinley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	8	Yes	Apr 4, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T McKinley	Rosie Larson
RESIDENCE	Clyde	Clyde
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 37	White / 34
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10,30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Emily Basinger

(Physician or Midwife)

Address Clyde Idaho

Given names added from a supplemental report

....., 19.....

Filed May 5 19 15 Robert H. Wright
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

759-283-p07-k33

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29819

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 21 File No. .....

Primary Registration District No. 2044 Registered No. 32

Hospital .....

FULL NAME OF CHILD Margaret Anna Perkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 23 1915

FATHER		MOTHER	
FULL NAME	Proctor Perkins	FULL MAIDEN NAME	Flora McConnel
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Idaho
OCCUPATION	Attorney	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.
(Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report

..... 19.....

Filed Apr 27 19 15 Robert H. Wright
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595124.007-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29820

County of Blaine

City of Broadford

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 33

FULL NAME OF CHILD ~~Not Named~~ Ernest

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		1	yes	Apr 24 1914 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Harrison	FULL MAIDEN NAME	Isabell Campbell
RESIDENCE	Broadford, Bellevue P.O.	RESIDENCE	Broadford, Bellevue P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD
Bellevue, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 7 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 0 8 2003

659.229 1007-349

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29821

County of Blaine

City of Bellevue

Registration District No. 21

File No.

No. ..... St.

Primary Registration District No. 7022

Registered No. 34

Hospital

FULL NAME OF CHILD Not Named Eleanor Rose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		3	Yes	Apr (Month) 29 (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will J Merry	FULL MAIDEN NAME	Lillie M Turner
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen Md
Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed May 2 1915 Robert H. Wright
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

355·120·607-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29822

County of Blaine

City of Gannett

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2022 Registered No. 35

Hospital

FULL NAME OF CHILD ~~Not Named~~ Glenford Leroy

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—		1	yes	Apr 20 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Lee	FULL MAIDEN NAME	Vivian Crowe
RESIDENCE	Gannett	RESIDENCE	Gannett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Adams MD

Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 7 19 15 Robert L. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1976

21 9-113-407-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29823

County of Blaine

City of Bellevue P. O.

Registration District No. 21 File No.

No. St.

Primary Registration District No. 4077 Registered No. 36

Hospital

FULL NAME OF CHILD Curtis John

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	8	Yes	Apr 13 1915

FATHER	MOTHER
FULL NAME Ben. H Barker	FULL MAIDEN NAME Minnie Malmquist
RESIDENCE Barker Ranch Bellevue P.O	RESIDENCE Barker Ranch, Bellevue P.O
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Apr 14 19 15 Robert H. Wright.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

679-218-007-366

PLACE OF BIRTH

Form V. S. No. 11-0—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29824

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2107 Registered No. 34

FULL NAME OF CHILD no name Daisy Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 18 1915

FATHER		MOTHER	
FULL NAME	Edward Agren	FULL MAIDEN NAME	Minnie Cook
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Apr 20 19 15 Robert H. Wright

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1973

815-2181007-386
Amended 1-27-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29825
Local Reg. No. 38
Reg. Dist. No. 21

1. PLACE OF BIRTH

a. COUNTY: Blaine

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tikura

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Blaine

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tikura

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Retta b. (Middle): May c. (Last): Hansen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 18, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): c. (Last): Hansen

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
38 YEARS	American Fork, Utah	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Marvine b. (Middle): Pearl c. (Last): Thornton

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
34 YEARS	Deseret, Utah			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. L. B. Howard

19. ADDRESS: Carey, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 25, 1915

22. REGISTRAR'S SIGNATURE: Robert H. Wright

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 29825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Retta May Handson (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1915 (Date of Event)
in Tikura, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Handson	Hansen
Father's Last Name	Handson	Hansen
Mother's Maiden Name	Handson	X Thornton

Subscribed and sworn to before me this 22nd day of June 1966.

Notary Public, residing at Jerome, Idaho
My commission expires 4-1-70
(Seal)

Signed Mrs Ethel (Hansen) McMaster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

607 - 3rd Ave E. Jerome Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June 19 66

Notary Public, residing at Jerome
My commission expires 4-1-70
(Seal)

Signed Virg. Pearl Hansen Nelson
(Signature of Any Credible Person)

801 11 Ave. No. Buhl Idaho 83316
(Street Address, City, State)

FORM DH 60-155 Ct. 5-19-66. nm

L.D.S. Church Cert. of Blessing, July 4, 1915 gives full name as Retta May Hansen, daughter of John W. Hansen and M.Pearl Thornton - born April 18, 1915 at Tikura, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 1, 1924 gives full name as Retta May Hansen, daughter of J. W. Hansena and Marvina P Thornton,born April 18, 1924 at Tekura, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Blaine

City of Tikura

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 29825

Primary Registration District No. 2025 Registered No. 38

FULL NAME OF CHILD Retta May Handson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		ajw	April 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Handson	FULL MAIDEN NAME	Marvine Pearl Handson
RESIDENCE	Tikura Idaho	RESIDENCE	Tikura Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Deseret Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Clarey Ida

Filed Apr 25 1915 Robert S. Wright Registrar

Registrar

S-Y CO. 20174

JAN 27 1967

DECEASED

296-129-607-212

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29826

County of Blaine

City of Picabo

No. ____ St.

Hospital ____

Registration District No. 21 File No. ____

Primary Registration District No. 2022 Registered No. 39

FULL NAME OF CHILD Gilbert Dean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 29 1915

FATHER	MOTHER
FULL NAME: Dean W. Breadie	FULL MAIDEN NAME: Vernice Ester Baker
RESIDENCE: Picabo Idaho	RESIDENCE: Picabo Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oklahoma	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.
(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed May 1 1915

Robert H. Wright
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-118-007-629

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue P.O.

No. ..... *St.*

Hospital .....

Registration District No. 21 File No. 29827

Primary Registration District No. 2022 Registered No. 40

FULL NAME OF CHILD Vernile Dean Brazil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 18 1915

FATHER	MOTHER
FULL NAME: Samuel C. Brazil	FULL MAIDEN NAME: Mary A. O'Brien
RESIDENCE: Broadford Idaho	RESIDENCE: Broadford Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: West Virginia	BIRTHPLACE: Des Moines Iowa
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed April 20 1915 Robert H. Wright

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue P. O.

No. ---- St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Copy

CERTIFICATE OF BIRTH

Registration District No. 21 State File No.

Prim. Registration District No. 2022 Local Registrar's No. 40

FULL NAME OF CHILD Vernile Dean Brazil

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 18 1915

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead Stillborn

FATHER

FULL NAME Samuel C. Brazil

Residence (Usual place of abode) Broadford, Ida

If nonresident, give place and State

Color or race White Age at last Birthday 40 (Years)

Birthplace West Virginia (City and State or Country)

Occupation Miner

MOTHER

FULL MAIDEN NAME Mary A. O'Brien

Residence (Usual place of abode) Broadford, Ida

If nonresident, give place and State

Color or race White Age at last Birthday 40 (Years)

Birthplace Des Moines Iowa (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 P M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

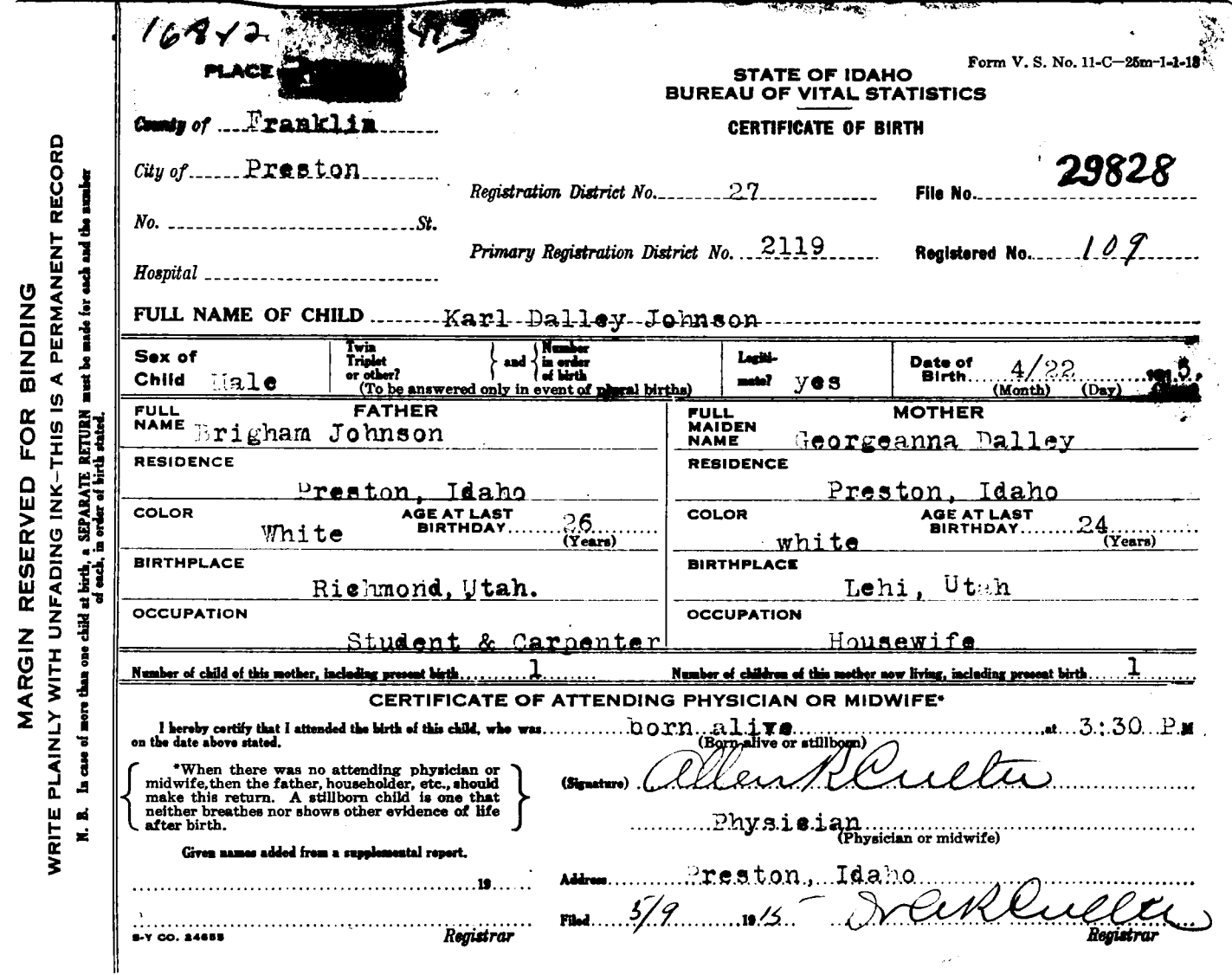
Address Hailey, Ida

Filed 4-20 1915 Robert H. Wright

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DUP OF 15-191736



16842 [redacted] 913

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 2119

File No. 29828

Registered No. 109

FULL NAME OF CHILD Karl Dalley Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4/22 (Month) (Day) 1915

FATHER		MOTHER	
FULL NAME	Brigham Johnson	FULL MAIDEN NAME	Georgeanna Dalley
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Lehi, Utah
OCCUPATION	Student & Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Preston, Idaho

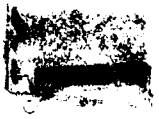
Filed 5/9 1915 Dr A R Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-103-[illegible]-769

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29829

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 117

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yrs	Apl 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garnet Woodward	FULL MAIDEN NAME	Alice Porter
RESIDENCE	Franklin Ida	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Escalanda Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cora Boys Secret

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Smithfield Utah

Filed 5/9 1915 D A R Curtis
Registrar

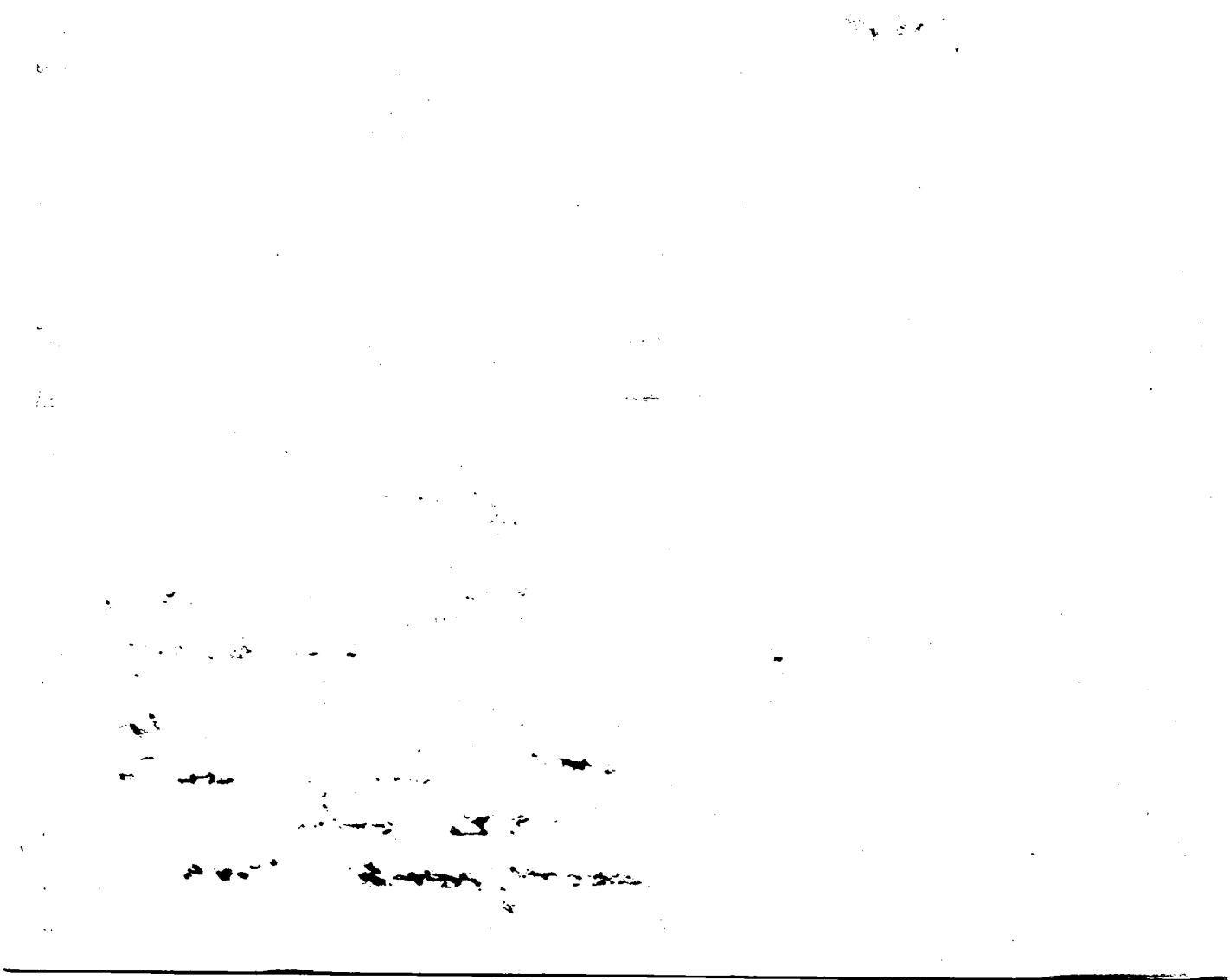
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-207-02-1-363

PLACE OF BIRTH Amended 9/20/75

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29831

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2109 Registered No. 104

FULL NAME OF CHILD Mary Evelyn Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		2	yes	March 1 1915

FATHER		MOTHER	
FULL NAME	George E. Morgan	FULL MAIDEN NAME	Alice E. Collins
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Ellen Morgan

(Physician or midwife) midwife

Address Franklin Idaho

Filed 5/9 19 15 Dr. A. R. Cullen Registrar

S-Y CO. 24655

JUL 25 1975

RECEIVED
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
AUG 13 12 33 PM '75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29831

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Evlan Morgan (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1915 (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Church (Bible Record, Insurance Policy, Etc.) prepared on July 29 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Evlan	Evelyn

Subscribed and sworn to before me this 29th day of July, 1975

LaRae C. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Alice Morgan Smith Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
210 S. 2 W. Preston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 1975

LaRae C. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Rheta C. Griffeth
(Signature of Any Credible Person)
Route #1 Weston, Idaho 83286
(Street Address, City, State)

FORM DH 60-156 CL 7/25/75

Membership record from LDS Church gives nameas Mary Evelyn Morgan Balls born Mar. 7, 1915 at Franklin, Idaho. father's name as George Edward Morgan and moth r name as Alice Evelyn Collins. Baptized Dec. 15, 1923. viewed by V. S.

AUG 2 0 1975

Own sons' birhcertif on file in Idaho (File No. 54-4628) gives mother's name as Mary Evelyn Morgan. vhild' born Apr. 30, 1954. child's nameas Craig Lamont Balls. viewed by V. S.

819-1011021-553

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

Registration District No. 27 File No. 29832

Primary Registration District No. 2119 Registered No. 105

FULL NAME OF CHILD Jonathan, Harve.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	one			yes	Feb 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harve J. Meeley	FULL MAIDEN NAME	Rachel Nelson
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Morgan

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Franklin Idaho

Filed 5/9 1915 Dr A R Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-211-021-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29833

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 103

FULL NAME OF CHILD Ruby Lottie Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	March 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William L Harris	FULL MAIDEN NAME	Latty Bronson
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White AGE AT LAST BIRTHDAY (Years) 37	COLOR	White AGE AT LAST BIRTHDAY (Years) 34
BIRTHPLACE	Fairview Ida	BIRTHPLACE	Fairview Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Ellen Morgan Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Franklin

Filed 5/9 1915 Dr A R Cutler Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 10 03 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29833

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harris (female) (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1915 (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruby Lottie Harris

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of WEBER }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of May, 1975

Jack Harline

Notary Public, residing at OGDEN, UTAH
My commission expires 12-1-1978
(Seal)

Signed Verla A. Lythgoe
(Signature of Any Credible Person)

693 E. 1050 No.
(Street Address, City, State)
Ogden, Utah

FORM DN 60-155

CL 5/29/75 RUSH!

Certif. of Baptism and Confirmation from the LDS Church gives name as Ruby L.Harris daughter of Wm. L. Harris and Charlotte Bronson. My May 11, 1915 at Fairview, Idho. Was Baptized April 14, 1923. viewed by V. S.

JUN 3 1975

Certif. of Blessing from the LDS Chufchxkx gives name as Ruby Lottie Harris daughter of Wm. Lewis Harris and Charlotte Bronson. Born March 11, 1915. viewed by V. S.

855·217·02 1666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29834

Primary Registration District No. 2119 Registered No. 112

FULL NAME OF CHILD Yvonne Woodland Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
gire			March 17 1915

FATHER		MOTHER	
FULL NAME	John H. Henderson	FULL MAIDEN NAME	Pallie Woodland
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	white AGE AT LAST BIRTHDAY 45 (Years)	COLOR	white AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Clifton Ida	BIRTHPLACE	Marsh Valley, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Ellen Morgan
(Physician or midwife) midwife

Address Franklin

Filed 5/9 1915 Dr A R Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1947

215·107·02[illegible]769

PLACE OF BIRTH

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-13

CERTIFICATE OF BIRTH

29835

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 101

FULL NAME OF CHILD Albert Bancal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	April 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bancel	Graciela Porter
RESIDENCE	Franklin	Franklin
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	24 (Years)
BIRTHPLACE	Franklin Ida	Franklin Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive when born died at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Morgan
(Physician or midwife)

Address ~~Franklin Ida~~ Midwife Franklin Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/9 19[illegible] [redacted] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-218'021-297

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29836

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 100

FULL NAME OF CHILD Blanche Biggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apl 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amer Hardy	FULL MAIDEN NAME	May Biggs
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Lewis

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Smithfield Idaho

Filed 5/9 1915 D. Allen R. Crellar
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 CHILD LAST NAME

DUPES DE 65-057

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

139-226-021-462

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 29837

Primary Registration District No. 2119 Registered No. 99

FULL NAME OF CHILD Vanoug

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mch 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Wright	FULL MAIDEN NAME	Emma Moser
RESIDENCE	Franklin Ida	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Logan, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Sierest

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Smithfield, Ut.

Filed 5/10 1915 D A R Cutler
Registrar

S-Y CO. 24655

15-21402-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29838

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 106

FULL NAME OF CHILD Madge Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4/14/1915.

FATHER	MOTHER
FULL NAME Lawerence Anderson	FULL MAIDEN NAME Dora Henderson
RESIDENCE Clifton, Idaho	RESIDENCE Clifton, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Clifton, Idaho.	BIRTHPLACE Clifton, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:20A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 5/9 1915 D A R Cullen

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-223-[illegible]-754

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29839

Primary Registration District No. 2119 Registered No. 107

FULL NAME OF CHILD VENICE EAMES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4/23 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Eames	FULL MAIDEN NAME	Pearl Geddes
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Plain City, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 5/9 1915 Dr A R Cutler Registrar

..... Registrar

S-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 29859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Venice Eames (Name on Original Certificate) who Born (Was Born or Died) on April 23 1915 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Venice Eames

Subscribed and sworn to before me this 28
day of October 1942

Nellie McEntire
Notary Public, residing at Preston Idaho

My commission expires Feb 10th 1943
(Seal)

Signed Pearle G. [redacted] Eames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 29 1968

Amended May 19, 1952

PLACE OF BIRTH

649.109.021-453

County of FRANKLIN

City of PRESTON

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 29840

Primary Registration District No. 2119 Registered No. 108

FULL NAME OF CHILD PRESTON ADOLPH WURSTEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	4/9/1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Adolph Wursten	FULL MAIDEN NAME: Bertha Elizabeth Mecham
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Riverdale, Idaho
OCCUPATION: confectioner	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Allen Cutler

physician (Physician or midwife)

Address Preston, Idaho

Filed 5/9 1915 A.R. Cutler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 29840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in Adolph Worston, Jr. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 28, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Adolph Worston, Jr.	Preston Adolph Wursten
Father's last name	Worston	Wursten

Subscribed and sworn to before me this 12th day of May, 1952

Notary Public, residing at Salt Lake City, Utah
My commission expires Apr 17, 1955
(Seal)

Signed Bertha Wursten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2218 Adams Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May, 1952

Notary Public, residing at Salt Lake City, Utah
My commission expires Apr 17, 1955
(Seal)

Signed Adolph Wursten
(Signature of Any Credible Person)

2218 Adams
Ogden Utah
(Street Address, City, State)

1 c. pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m—1-1-18

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 **File No.** 29840

Primary Registration District No. 2119 **Registered No.** 108

FULL NAME OF CHILD Adolph Worston Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4/19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Worston	FULL MAIDEN NAME	Bertha Elizabeth Mecham
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Riverdale, Idaho.
OCCUPATION	Confectioner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho

Filed 5/9 1915 Dr A R Cutler *Registrar*

S-Y CO. 24655

MAY 20 1952

819-124-021-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 29841

Primary Registration District No. 2119 **Registered No.** 110

FULL NAME OF CHILD Sameul Milton Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4/24 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A.W.Hart	FULL MAIDEN NAME	Avodnie Henderson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bear Lake, Idaho	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 5/9 1915 [signature] Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-225(021)-147

PLACE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29842

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 777

FULL NAME OF CHILD Velma Mary Hebdon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes	4/25 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Edward Hebdon	FULL MAIDEN NAME: May Auger
RESIDENCE: Glendale, Idaho	RESIDENCE: Glendale, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Asphaltum, Utah.	BIRTHPLACE: Glendale, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/9 1915 Drake Cullen Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1972
JUL 6 1976

855·116·021-465

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 29843

Primary Registration District No. 2119 **Registered No.** 112

FULL NAME OF CHILD Glen M Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	4/16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. D. Hendricks	FULL MAIDEN NAME	Edna Montron
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Richmond Utah.	BIRTHPLACE	Soda Springs
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:45P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed 5/9 1915 [signature] Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1980

313.210-021-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29844

County of Franklin

City of Winder

No. ..... *St.*

Hospital .....

Registration District No. 27 *File No.* .....

Primary Registration District No. 2119 *Registered No.* 113

FULL NAME OF CHILD Zilla Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4/10/1915.

FATHER	MOTHER
FULL NAME: Edward P. Talbot	FULL MAIDEN NAME: Alice Taylor.
RESIDENCE: Winder, ~~Winder~~ Idaho.	RESIDENCE: Winder, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:50A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/9 19 15 D. A. R. Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 9 21 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 29844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Talbot (female) (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1915 (Date of Event)
in Winder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Zilla Talbot

Subscribed and sworn to before me this 6th day of July, 1976

LaRae L. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Edward P. Talbot
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt #3 Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1976

LaRae L. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Marion H. Bennett
(Signature of Any Credible Person)
Rt. 3, Preston Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/28/76 2cc pd. rec.#17441

Certif of Blessing from the LDS Church gives name as Zilla Talbot daughter of Edward P. Talbot and Alice Taylor. Born April 10,1915. Blessed May 9, 1915. viewed by V. S.

AUG 1 1 1976

Marriage Certificate from Utah gives names as Joseph Nowland Winger and Zilla Talbot. married April 4, 1934. viewed by V. S.

FEB 2 8 1990

754114021-666

PLACE OF BIRTH

[redacted]

Form V. S. No 11-C—25m-1-1-13

CS

County of Franklin

City of Banida amended 7/14/75

Registration District No. 27 File No. 29845

No. St.

Primary Registration District No 2119 Registered No. 114

Hospital

FULL NAME OF CHILD Grant Geddes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert C. Geddes	FULL MAIDEN NAME	Katie Woodhead
RESIDENCE	Banida, Idaho	RESIDENCE	Banida, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho

Filed 5/9 1915 [signature] Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 9 44 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss
County of Cache }

Certificate No. 29845

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Grant R. Geddes (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1915 (Date of Event)
in Banida, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Discharge (Bible Record, Insurance Policy, Etc.) prepared on June 19 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Grant R. Geddes	Grant Geddes

Subscribed and sworn to before me this 19th day of June, 19 75
Grant F. Hulet
Notary Public, residing at Logan, Utah
My commission expires 7/1/75
(Seal)

Signed Verna L. Geddes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
296 E. 9. North Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 19 75
Grant F. Hulet
Notary Public, residing at Logan, Utah
My commission expires 7/1/75
(Seal)

Signed Jack Hampton
(Signature of Any Credible Person)
375 Main, Smithfield Utah 84335
(Street Address, City, State)

FORM DH 60-155 CL 6/16/75 1cc pd.

Honorable Discharge from the U.S. Army gives name as Grant Geddes. born Apr.14, ~~1915~~ 1915.date of Seprartion Dec. 16, 1945. viewed by V. S. JUL 15 1975

Application to Pacific National Life Assurance Co. gives name as Grant Geddes. born April 14, 1915. signed.May 2, 1946. viewed by V. S.

168-209-003-692

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of ~~Oxford~~ Oxford

Registration District No. 27 **File No.** 29846

No. _____ *St.*

Primary Registration District No. 2119 **Registered No.** 115

Hospital _____

FULL NAME OF CHILD Vivian Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4/9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma L. Johnson	FULL MAIDEN NAME	Grace Fisher
RESIDENCE	Oxford, Idaho	RESIDENCE	Oxford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho.

19

Filed 5/9 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1912

815-229-021-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29847

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 90

FULL NAME OF CHILD Afton Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 29 1915

FATHER	MOTHER
FULL NAME: John N. Hansen	FULL MAIDEN NAME: Elezabeth Hannah Christiansen
RESIDENCE: Mink Creek, Idaho.	RESIDENCE: Mink Creek, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Mink Creek, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:35 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 3/6 1915

..... Registrar

S-Y CO. 24655

..... Registrar

OCT 2 1 1976

519-126-021-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29848

Primary Registration District No. 2119 Registered No. 91

FULL NAME OF CHILD MERRITT WINN EARNSHAW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas J. Earnshaw	FULL MAIDEN NAME	Eva C. Winn
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 5/6 1915 Dr A R Cutler Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 29848

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 26 1915 (DATE OF EVENT)
in Preston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 3, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Merritt Winn Earnshaw

Subscribed and sworn to before me this 3rd day of Feb, 19 43.

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Isabel E. Winn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 1948

MAR 2 8 1974

FEB 1 1 1943

815-125-021-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 29849

Primary Registration District No. 2119 **Registered No.** 92

FULL NAME OF CHILD Thomas LaVarr Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel N. Hansen	FULL MAIDEN NAME	Annie Jenkins
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician,
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 5/6 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 16 1972

DECEASED

2-16-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 2 1 39 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

Certificate No. 29849

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hansen (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1915 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Thomas LaVarr Hansen

Subscribed and sworn to before me this 14 day of December, 1972

Margaret Woods

Notary Public, residing at Twin Falls Idaho

My commission expires June 14, 1976

(Seal)

Signed Mike Hansen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his khowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own child's birth certif. on file in Idaho (File No. 49-05744) gives father's name as Thomas LaVarr Hansen. Viewed by V. S.

FEB 26 1973

Letter from LDS Church Ward in Jerome, Idaho gives name as Thomas Lavarr Hansen Born April 25, 1915. Was Baptized and Confd. May 19, 1923. Viewed by V. S.

763-107(021-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[illegible]

Form V. S. No. 11-C—25m-1-1-18

29850

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 94

FULL NAME OF CHILD Osborn Bryant Golightly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 7, 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Osborn Golightly	FULL MAIDEN NAME	Myrtle Dalley
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Summit, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 5/6 1915 Dr. A R Culter Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 14 1942

[redacted]

569-215-021-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29851

Primary Registration District No. 2119 Registered No. 95

FULL NAME OF CHILD Moral Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Norris	FULL MAIDEN NAME	Manda Christiansen
RESIDENCE	Dayton, Idaho.	RESIDENCE	Dayton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	67 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Albany, New York	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2: A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 5/6 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1959

253-211-021-816

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29852

County of Franklin

City of Treasureton

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Kerma Keller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 11, 1915. (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
James ~~James~~ E Keller		Vera Hawkes	
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mink Creek, Idaho.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10: P.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 4-20-1915 [signature]

..... *Registrar* *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29852

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Unnamed Keller (female) (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1915 (Date of Event)
in Treasureton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kerma Keller

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 19 75

Karen M. Cooke

Notary Public, residing at West Jordan, Utah

My commission expires July 28, 1977
(Seal)

Signed Vicki F. Wilson
(Signature of Any Credible Person)

1163 So. W. Temple
(Street Address, City, State)
Salt Lake City, Utah

FORM DH 80-155

CL 7/11/75 nm

Membership record from the LDS Church gives name as Kerma Kelller Bergquist Noyce born April 11, 1915 at Treasureton, Idaho. Father's name as Janues Keller and mother's nm as Vera Hawkes. Baptized April 14, 1933. viewed by V. S JUL 31 1975

Application to the Beneficial Life Ins Co. gives name as Kerma Noyce born April 11, 1915. dted Dec. 5, 1942. viewed by V. S.

389-111-021-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 29853

Primary Registration District No. 2119 Registered No. 97

FULL NAME OF CHILD Oscar K Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 11, 1915.

FATHER		MOTHER	
FULL NAME	Olef Christiansen Christensen	FULL MAIDEN NAME	Rosella Kofoed
RESIDENCE	Weston, Idaho.	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Brigham City, Utah.	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 5/6 1915 Dr A Cullen Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-105-021-365

PLACE OF BIRTH
Amended 6-9-76

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 29854

Primary Registration District No. 2119 Registered No. 96

FULL NAME OF CHILD Wesley Petterborg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Petterborg	FULL MAIDEN NAME	Alice Longstroth
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Menden, Utah.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 5/6 1915 Dr. A R Cuella Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
JUN 4 3 24 PM '76
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Franklin } ss.

Certificate No. 29854

Date Filed 5-8-15

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wesley Petterborg (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of father	Peterburg	Petterborg
Name of Mother	Apice	Alice

Subscribed and sworn to before me this 2nd day of November, 1966

Dorothy D. Haynie

Notary Public, residing at Idaho Falls, Idaho

My commission expires January 15, 1970
(Seal)

Signed Alice L Petterborg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Family Record book gives name of child as Wesley Petterburg born April 5, 1915 in Preston, Idaho to Theodore Alfred Petterborg. Original family record old. Viewed by V.S.

Family Record book gives full name of mother as alice Longstroth. married to Theodore Petterburg on November 11, 1908 at Logan, Utah. Record old. Viewed by V.S.

JUN 9 1976

365-221-003

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29855

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 2119

File No. _____

Registered No. 93

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	April 21 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: John W. Covert	FULL MAIDEN NAME: Charlotte Georgensen
RESIDENCE: Cleveland, Idaho.	RESIDENCE: Cleveland, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Bettleville, Utah.	BIRTHPLACE: Cleveland, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:40 ~~A.M.~~ P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 3/6 19 15 [signature]
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-127-010-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29856

County of Boreville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2140

File No. .....

Registered No. 4

FULL NAME OF CHILD DAYLE ALMA DAYTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	March 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma B. Dayton	FULL MAIDEN NAME	Maud E whitehead
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iona Idaho	BIRTHPLACE	Richmond utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bdn Alive March 27 at 20 to 4 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Iona Boreville Co, Idaho

Filed Ap 26 1915 W Kinnard Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

DEC 1 1941

State of Idaho } ss.
County of Bonneville

Certificate No. 29856
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Dayle Alma Dayton (Name on original certificate) who was born (Was born or died) on March 27, 1915 (Date of event)

in Iona, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on June 6th 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Alma Dayton	Dayle Alma Dayton

Subscribed and sworn to before me this 28th day of November, 1941

Olga E. Bettaft Clerk of Probate Court
Clerk of Probate Court
Notary Public, residing at Idaho Falls, Idaho

My commission expires
[SEAL]

Signed Maud Elizabeth Whitehead Dayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

421- H. St., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November, 1941

Olga E. Bettaft Clerk of Probate Court
Clerk of Probate Court
Notary Public, residing at Idaho Falls, Idaho

My commission expires
[SEAL]

Signed Fred S. Whitehead
(Signature of any credible person other than the previous affiant.)

% Probate Court, Idaho Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

SEP 1 6 1976

396-119 · 90-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29857

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 80

FULL NAME OF CHILD Neil Crofts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	March 19 1915

FATHER		MOTHER	
FULL NAME	William S Crofts	FULL MAIDEN NAME	Margret E Crofts
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Faron Utah	BIRTHPLACE	Huntington Utah
OCCUPATION	Comen Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 19, at 5 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
obstetrix
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Iona Bonneville Co, Idaho

Filed Apr 20 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-217010-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** 29858

Primary Registration District No. 2150 **Registered No.** 56

FULL NAME OF CHILD Lorene May Higgs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 17, 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Kelley Higgs	FULL MAIDEN NAME	Ada Isabelle Carlile
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address [signature]

Filed Apr 21 1915 [signature] Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1958

815-124-00-351

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29859

Primary Registration District No. 21 1-0 Registered No. 87

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	April 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvah Hancock	FULL MAIDEN NAME	Mellie Leavitt
RESIDENCE	Hancock Ranch	RESIDENCE	
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 20-84 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Heatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon Idaho

Filed Jan 26 1915 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

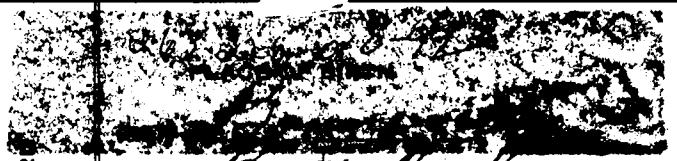
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29860

City of Bull Fork, Registration District No. 73 File No.

No. St.

Primary Registration District No. 2 1 1 0 Registered No. 44

Hospital

FULL NAME OF CHILD

Sex of Child: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Apr. 26, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur R. Koch	FULL MAIDEN NAME	Margery Ritchie
RESIDENCE	Bull Fork, Ida.	RESIDENCE	Bull Fork
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar, MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Apr. 28 1915 [signature] Registrar

Registrar

8-Y CO. 20174

SEP 2 8 1973

666-119-010-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29861

Primary Registration District No. 2150 Registered No. 49

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 19, 1915

FATHER		MOTHER	
FULL NAME	John Harvey Woolf	FULL MAIDEN NAME	Docia Lott
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellar, md
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Apr 28 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-123-010-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 29862

Primary Registration District No. 2150 Registered No. 90

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 23, 1915

FATHER		MOTHER	
FULL NAME	Frank Evert Ramsey	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellor, MD.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Apr. 2 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29863

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 91

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	4 - 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. R. Kroll	FULL MAIDEN NAME	Esther Madison
RESIDENCE	Miles City, Mont.	RESIDENCE	Miles City, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Apr. 24 - 1915 at 7:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergquist M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Registrar

Filed Apr 28 1915 W. Cunnard Registrar

S-Y CO. 24655

DUP 01915-418458

462-221-010-234

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29864

County of Bonneville

City of Garfield Ward

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 92

Hospital

FULL NAME OF CHILD Elmina May Moser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Moser	FULL MAIDEN NAME	Eliza Stucki
RESIDENCE	Garfield Ward	RESIDENCE	Garfield Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 7:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(~~Physician or~~ midwife)

Given names added from a supplemental report.

19

Address Rigby Route 1 Box 60 Idaho

Filed Apr 28 1915 W. Hammond Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1—Jan.-1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

L.D.S. Church Cert. of Blessing, June 6, 1915 gives full name as Elmina May Moser, daughter of Francis L. Moser and Eliza Stoki, born April 21, 1915 at Garfield, Idaho - viewed by V.S. L.D.S. Church Cert. of Baptism and Confirmation, Aug. 12, 1923 gives full name as Elmina May Moser, daughter of Francis Moser and Eliza Stucki, born April 21, 1915 at Garfield, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 26 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 29864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Moser (Name on Original Certificate) who born (Was Born or Died) on April 21, 1915 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on July 16, 1915 — Aug 12 - 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elmina May Moser

Subscribed and sworn to before me this 18 day of June, 1963.

Notary Public, residing at Salt Lake City Utah
My commission expires May 13, 1967
(Seal)

Signed Eliza Moser (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

245 7th Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of June, 1963.

Notary Public, residing at Salt Lake City Ut.
My commission expires May 13, 1967
(Seal)

Signed Glenn H. Harper
(Signature of Any Credible Person)

5986 Tolcate Lane
(Street Address, City, State)
Salt Lake City Utah

FORM DN 60-155 CL 8-9-60. nm

JUN 27 1963

693-125-010-693

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 29865

Registered No. 93

FULL NAME OF CHILD .....

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jessie Wilcons	FULL MAIDEN NAME	Jennie Wilcons
RESIDENCE	Coltman Ward	RESIDENCE	Coltman Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Murray Utah	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby R D #1 Box 60 Idaho

Filed Apr 28 1915 [signature] Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154·115·010-449

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29866

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 94

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	April 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry J Anderson	FULL MAIDEN NAME	Margaret Muir
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - April-15-1915 at 10-20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed Apr 30 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

968-206-010-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29867

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Finlays

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 96

FULL NAME OF CHILD Margaret Rohrbough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Richard Rohrbough	FULL MAIDEN NAME	Martha J Webb
RESIDENCE	R F D No 2	RESIDENCE	R F D No 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Jasper Co. Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie J. Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Finlays Hospital 10th & Blvd

Filed May 19/15 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1957

SEP 17 1941

296-123-010-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29868

County of Bonneville

City of Idaho Falls

No. 10 & Blvd. St.

Hospital Faulays

Registration District No. 73

File No.

Primary Registration District No. 2100

Registered No. 96

FULL NAME OF CHILD James Mark Brookbush

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William A Brookbush	FULL MAIDEN NAME	Lydia Thornton
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A Mellor M. D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Faulays Hospital 10th & Blvd

Filed May 1 1915 [signature]

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 15 11 56 AM '75
VITAL STATISTICS

Affidavit to Correct or Amend the Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 29868

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Unnamed Brookbush (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Policy, Church Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 10, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	James Mark Brookbush

Subscribed and sworn to before me this 11th day of October, 1975

Notary Public, residing at Pocatello Ida
My commission expires June 1, 1976
(Seal)

Signed James Mark Brookbush
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

467 Warren Ave Pocatello Ida 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 19 75

Notary Public, residing at Pocatello Ida
My commission expires June 1, 1976
(Seal)

Signed Mrs. Irene Easton
(Signature of Any Credible Person)

467 Warren Ave Poc Ida
(Street Address, City, State)

FORM DH 60-155 CL 10/8/75

Application to the National Public Service Ins. Co. gives name as James M. Brookbush born April 23, 1915. at Idaho Falls, Idaho. dated Mar. 12, 1970. viewed by V. S.

OCT 24 1975

Family Group record for William Annis Brookbush and Lydia Edwina Thornton gives child's name as James Mark Brookbush born April 23, 195 at Idaho Falls, Idaho. Baptized July 1, 1923. viewed by V. S.

753-129-010-554

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

29869

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 97

Hospital

FULL NAME OF CHILD Erle V. Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Apr 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vier Peterson	FULL MAIDEN NAME	Marie Vedaillet
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	California
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — April 29-1915 at 5 45 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Filed May 3 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-10-41

MAY 14 1952

215-201-010-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29870

Registration District No. 73 File No. _____

Primary Registration District No. 2100 Registered No. 94

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lai E. Langer.	Anna Johnson
RESIDENCE	Idaho Falls. Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Norway	Norway.
OCCUPATION	Rancher	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - May 1 - 1915 at 3-10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 3 19 15 _____ Registrar

S-Y CO. 24655

249-216-010-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 29871

Primary Registration District No. 2170 Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	April 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Smith	Amelia Hill
RESIDENCE	Lima Mont.	Lima Mont
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	36
BIRTHPLACE	Montana	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - April - 16 - 1915 at 9 45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed May 3 19 15 .....
Registrar

S-Y CO. 24655

968-202-010-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. 29872

Primary Registration District No. 2150 Registered No. 102

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Robedee	FULL MAIDEN NAME	Sophia Kruger
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	New York	BIRTHPLACE	Iowa.
OCCUPATION	Garageman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - May 2 - 1915 at 3:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed May 7 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819.101.010-464

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298

County of Bonneville

City of Idaho Falls. Ida

No. 218. S. Water ave St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 2150 Registered No. 121

FULL NAME OF CHILD Charles Willoughby Hardy.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	April 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Willoughby Hardy	Sarah Katrina Dodge
RESIDENCE	Spencer. Idaho.	Spencer. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Cleveland. Ohio.	Unionville. Ohio.
OCCUPATION	Book Keeper.	House Keeper.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. April 1-1915 at 10. P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 3 1915 [illegible] Registrar

8-Y CO. 24655

FEB 14 1942

APR 29 1942

154-123-010-119

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. _____ St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 29874

Primary Registration District No. 2150 Registered No. 100

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Apr - 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Andrus	FULL MAIDEN NAME	Elizabeth Jardine
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mill Creek, Utah	BIRTHPLACE	Weber, Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - April 23 - 1915 at 5:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed May 3 1915 W. [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-24-008-345

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 21-G-[illegible]

County of Boise

City of Placerville

Registration District No. 12 File No. 29875

No. ..... St.

Primary Registration District No. 2019 Registered No. 66

Hospital .....

FULL NAME OF CHILD James Cunningham Cathcart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Apr (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Alexander Cathcart	FULL MAIDEN NAME	Bertha Armenia Cunningham
RESIDENCE	Placerville	RESIDENCE	Placerville.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Minnesota.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

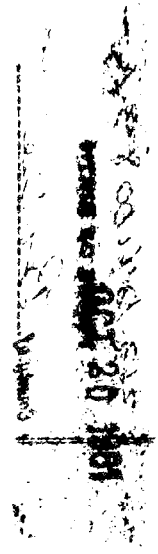
Address Placerville Idaho

Filed May 10 1915 May Fitz Deputy Registrar

..... Registrar

8-Y CO. 20174

3/10/41 L. B.



415-121 008-294

PLACE OF BIRTH

Form V. S. No. 1-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Daly Stations on Boise Road

Registration District No. 1

File No. 29876

No. ..... St.

Primary Registration District No. 2019

Registered No. 65

Hospital .....

FULL NAME OF CHILD Louisa Kimball Manns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Apr. 21 1915

FATHER		MOTHER	
FULL NAME	Louis Manns	FULL MAIDEN NAME	Della Kimball
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Fitz

Physician or midwife

Address Placerville, Physician

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 10 19 16 May Fitz Deputy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

STATE OF IDAHO

OCT 10 1942

MAR 4 - 1954

319-219.008-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29877

County of Boise

City of Garden Valley — Registration District No. 12 — File No.

No. ____ St. — Primary Registration District No. 2019 — Registered No. 64

Hospital

FULL NAME OF CHILD Kathleen Elizabeth Carrigan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr. 1, 1915

FATHER		MOTHER	
FULL NAME	Thomas M. Carrigan	FULL MAIDEN NAME	Isabelle Carroll
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Fitz

Physician (Physician or midwife)

Address Placerville, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 10, 1915 — Mary Fitz — Deputy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1948

493-118'008-351

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Garden Valley

No. ..... St.

Hospital .....

Registration District No. 12 File No. 29878

Primary Registration District No. 2019 Registered No. 63

FULL NAME OF CHILD Francis Claire Mills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J. Mills	FULL MAIDEN NAME	Katherine Josephine Leary
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 ~~36~~ (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Placerville, Idaho

Filed May 10 1915 May Fitz Deputy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1942

381-218-008414

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29879

County of Boise

City of Gardena Valley

No. ..... St.

Registration District No. 12 File No. .....

Primary Registration District No. 2019 Registered No. 62

Hospital .....

FULL NAME OF CHILD Lavrene Marguerite Charters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 18 1913

FATHER		MOTHER	
FULL NAME	Samuel Thomas Charters	FULL MAIDEN NAME	Lovina Elizabeth Mautz
RESIDENCE	Gardena Valley	RESIDENCE	Gardena Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Fitz

Physician
(Physician or midwife)

Address Placerville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 1913 Mary Fitz Deputy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1971

291-215-008-864

PLACE OF BIRTH

Form V, S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29880

County of Boise

City of Idaho Springs

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2019 Registered No. 61

FULL NAME OF CHILD Lavina Belle Brassie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Apr 13 1913

FATHER		MOTHER	
FULL NAME	Leo Coda Brassie	FULL MAIDEN NAME	Carrie M. E. Yoder.
RESIDENCE	Idaho Springs	RESIDENCE	Idaho Springs
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or midwife)

Address Placerville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 1913 May Fitz Deputy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-2011-030-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29881

County of Lemhi

City of 4th of July Creek

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No. 132

Hospital

FULL NAME OF CHILD Virginia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	Apr. 1, 1913

FATHER	MOTHER
FULL NAME Emery C. Robinson	FULL MAIDEN NAME Nellie Wray
RESIDENCE U.S. Navy.	RESIDENCE 4th of July Creek
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Colo.	BIRTHPLACE Idaho
OCCUPATION U.S. Navy - sailor	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) Chas. F. Hammer M.D.

(Physician or midwife)

Address

Filed April 19 1913 Helen L. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

JUL 2 4 1942

199-212-030-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... *St.*

Hospital .....

Registration District No. 41 **File No.** 29882

Primary Registration District No. 2116 **Registered No.** 133

FULL NAME OF CHILD Ellen Arrigan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	Feb 12 1915

FATHER		MOTHER	
FULL NAME	John J. Arrigan	FULL MAIDEN NAME	Bessie Sheltz
RESIDENCE	Lemhi	RESIDENCE	Lemhi
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer MD

(Physician or midwife)

Address Salmon, Idaho

Filed April 19 1915 Helen L. Smith Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2-13-59

PLACE OF BIRTH

396-230-030-613

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 29883

Primary Registration District No. ..... Registered No. 134

FULL NAME OF CHILD Carol Mabel Crook
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	4-30-1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Murry A. Crook	FULL MAIDEN NAME: Lydia L. Walker
RESIDENCE: Salmon, Idaho	RESIDENCE: Salmon, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Minnesota
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Stratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed May 5, 1915 Helen L. Smith

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Gen State Mutual Life Ins. Policy, #1451D7 gives name as Lydia L. Crook, birthplace as St. Cloud, Minnesota-viewed by V.S. date of policy, Aug. 31, 1938.
also another Child's Birth Cert from STATE BOARD OF HEALTH
#388953 - gives birthplace as DIVISION OF VITAL STATISTICS
Minnesota - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lemhi

Certificate No. 29883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carol Mabel Crook (Name on Original Certificate) who born (Was Born or Died) on 4-30-1915 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Birthplace	Illinois	Minnesota

Subscribed and sworn to before me this 29th day of December, 1958

Notary Public, residing at Salmon, Idaho.
My commission expires Sept. 20, 1960
(Seal)

Signed Lydia L. Crook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Gem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1959

Notary Public, residing at Emmett, Idaho.
My commission expires April 24, 1959.
(Seal)

Signed Clarence E. Walker.
(Signature of Any Credible Person)

Emmett, Idaho, Box 246
(Street Address, City, State)

FORM DPH 55.155 CL 12-26-58. nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29883

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 134

FULL NAME OF CHILD Carol Mabel Crook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Murry A. Crook	Lydia L. Bulger
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Hatton, M.D.

(Physician or Midwife)

Address Salmon, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 5 1915 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

FEB 13 1959

MAY 2 2 1944

365-22-037-665

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-18

CERTIFICATE OF BIRTH

29884
2

County of Owyhee

City of Bruneau

Registration District No. 44

File No.

No. — St.

Primary Registration District No. 2121

Registered No.

Hospital —

FULL NAME OF CHILD Georgia Lenore Loveridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Child — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	—	—	yes	March 21 1915

FATHER		MOTHER	
FULL NAME	Geo A Loveridge	FULL MAIDEN NAME	Polly Owens
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3/21/15, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Burdett

Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/10 19 15 J. C. Burdett
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 19 1971

749210-037-318

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29885

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 1

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD Retta Pauline Purjue

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) March (Day) 10 (Year) 1915
Girl		Yes	

FATHER		MOTHER	
FULL NAME	Ira Purjue	FULL MAIDEN NAME	Edith Taylor
RESIDENCE	Bruneau Idaho	RESIDENCE	Bruneau Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3/10 at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bruneau Idaho

Filed 3/11 1915 J. C. Bartlett
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1964

415·219,035-349

PLACE OF BIRTH

County of Nez-Perce

City of Cul De Sac

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE [redacted]
BUREAU OF V[redacted]TICS
CERTIFICATE OF BIRTH

Registration District No. _____ File No. 29886

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Daniels

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	other	4	Yes	Apr 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charlie Daniels	FULL MAIDEN NAME	Effie Turner
RESIDENCE	Cul De Sac.	RESIDENCE	Cul De Sac. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg. M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Cul De Sac. Ida

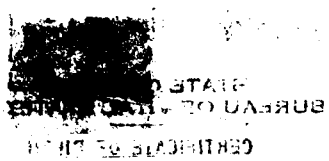
Filed Apr 19 1915 H. N. Gragg Registrar

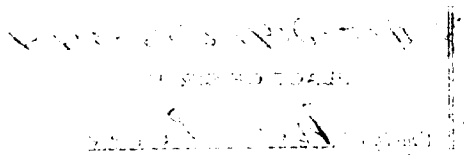
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





OCT 2 7 1976

816-22 81035-663

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29887

County of Nez Perce

City of Lewiston

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Hazel Vesta Hawley ~~Hawley~~

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	other (To be answered only in event of plural births)	5	Yes	Mar 28 1915

FATHER	MOTHER
FULL NAME: H. H. Hawley	FULL MAIDEN NAME: Lillie Wolverton
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Home wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) H. N. Gragg, M.D.

(Physician or midwife)

Address Lewiston Ida

Filed Mar 28 19 15 H. N. Gragg

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Lane } ss.

Certificate No. 29887

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hawley (female child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 28, 1915 (Date of Event)
in Cul De Sac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 28, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Hazel Vesta Hawley

Subscribed and sworn to before me this 7th day of May, 19 65

Notary Public, residing at
My commission expires MY COMMISSION EXPIRES MAR. 26, 1968
(Seal)

Signed Anna Lillie Hawley Hunsaker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

759 Madison St Eugene Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 4-2-65. rm two copies pd. rec. #17439.

Family Record, appears old and unaltered gives one full name as Hazel Vesta Hawley, born March 28, 1915 at Culdesac, Idaho - viewed by V.S.

NOV 10 1965

Child's Birth Cert., State of Oregon, State File No. 3572, cert. copy issued July 26, 1945 gives full name as Dyann Ethel Bernard, born May 16, 1945 at Portland, Oregon to Meredith Irvin Bernard and Hazel Vesta Hawley - viewed by V.S.

993-122-035-993

Form V. S. No. 11-C—Rev. 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 29888

Registered No. .....

FULL NAME OF CHILD Richardson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	Other		1	no	3	22	1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Not Known	FULL MAIDEN NAME	Ewa Richardson
RESIDENCE	Not Known	RESIDENCE	Lewiston Ida
COLOR	Unknown	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Unknown	BIRTHPLACE	Nez Perce Co Ida
OCCUPATION	Unknown	OCCUPATION	School Girl

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was was born alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg M.D.

(Physician or midwife)

Address Lewiston Ida

Filed March 22 1915 H. N. Gragg

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

If the case of twins this one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-103-075-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29889

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Buster Earl Lowell Shreffler

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	3	Yes	Mar 3 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Shreffler Jr.	FULL MAIDEN NAME	Bessie Snell
RESIDENCE		RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Ordinary day laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. N. Gragg M. D.

(Physician or midwife)

Address Lewiston Ida

Filed Mar 3 1915 H. N. Gragg Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 29889
Date Filed APR 17 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed Shreffler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 3, 1915 (DATE OF EVENT)
in Culdesac, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by his mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at birth, March 3, 1915 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Shreffler	Buster Earl Lowell Shraffler

Subscribed and sworn to before me this 15th day of April, 1942.

Notary Public, residing at Seattle

My commission expires October 2, 1943
(SEAL)

Signed Mrs Bessie Gladys Giddings, mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

116 Nob Hill, Seattle, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

719-125-035-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29890

County of Nez Perce

City of Lewis Dr Sae

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Cecil E Parks Jan 25 1915

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.	Other (and)	5	Yes	Jan 25 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar M. Parks	FULL MAIDEN NAME	Hattie A. Burk
RESIDENCE		RESIDENCE	Lewis Dr Sae Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gregg M.D.

(Physician or midwife)

Address Lewis Dr Sae

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 25 19 15 H. N. Gregg

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DEC 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-105-035-364

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—6m-1-1-18

CERTIFICATE OF BIRTH

29891

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Louis Joseph Enderkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	If number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	other	3	Yes	Feb 5 1915

FATHER		MOTHER	
FULL NAME	J. H. Enderkin	FULL MAIDEN NAME	Eva Todhunter
RESIDENCE	Culdesac	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	(Kansas) Kansas	BIRTHPLACE	Weston Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg

Physician (Physician or midwife)

Address Lewiston Idaho

Filed Feb 19 15 H. N. Gragg Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24698

OCT 31 1950

cc 3/18/41 [illegible]

769-105-035-795

PLACE OF BIRTH

[redacted] S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29892

County of Nez Perce

City of Lewiston

No. 15 St.

Hospital St Josephs

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 32

FULL NAME OF CHILD no name yet Gordon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 5 1915

FATHER		MOTHER	
FULL NAME	Frank R. Pingree	FULL MAIDEN NAME	Prudence Bolin Pingree
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Columbus Wis	BIRTHPLACE	Kentucky
OCCUPATION	Transfer Co.	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Whitford

Physician (Physician or Midwife)

Address Lewiston

Filed May-10- 1915 L. J. Perkins Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Where and When?

818-111-035-754

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29893

County of Nez Perce

City of Lewiston

No. 415 — 2 ave St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 33

FULL NAME OF CHILD Haynes, Harry E. Jr

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	6th	yes	Apr 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry E. Haynes	FULL MAIDEN NAME	Julia E. Pemberton
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Nebraska
OCCUPATION	Express Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Larsson

(Physician or midwife)

Given names added from a supplemental report.

Address 510 Dalberg Bldg Lewiston Ida.

19

Filed 5-10-1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1967

JUN 16 1942

JUN 9 1976

695-111-035-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 29894

No. ..... St.

Primary Registration District No. 1009 Registered No. 34

Hospital St Josephs

FULL NAME OF CHILD Harold Carl Freed ~~Carl Harold Victor~~

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	1st	yes	Apr 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas E. Freed	FULL MAIDEN NAME	Nancy Rosland
RESIDENCE	Lewiston	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Mgr. Troy Lumber Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsoon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 510 Main Lewiston Ida

Filed 5-10- 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 6, 1940. L.W.

281-211-035-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29895

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 35

FULL NAME OF CHILD Clara Ellen Shaw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	1st	yes	Mr 11 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Beta E Shaw	FULL MAIDEN NAME	Edna Davis
RESIDENCE	Pierce City	RESIDENCE	Pierce City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colton Wash	BIRTHPLACE	Ky
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Lewiston Idaho

Filed 5-10-1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

177-113-035-493

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29896

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 36

FULL NAME OF CHILD WILLIAM Earl Uppinghouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	June 13 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin Uppenhouse	Dorothy Mitchell
RESIDENCE	1245 Idaho	1245 Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	New Canton, Ill	Berry, Ill
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Franks

Physician

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed June 10 1915 L J Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 29896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Earl Uppinghouse (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 13, 1915 (DATE OF EVENT)
in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by deposition of Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 24, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Earl Uppinghouse	William Earl Uppinghouse

Subscribed and sworn to before me this 27th
day of April, 19 42.

[signature] Notary Public, residing at Seattle, Wash.

My commission expires 12-30-1944
(SEAL)

Signed Dorothy Lucinda Uppinghouse
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4029-5th Ave S.W. Seattle, Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April, 19 42.

[signature] Notary Public, residing at Seattle, Wash.

My commission expires 12-30-1944
(SEAL)

Signed Alice L. Bernice
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Assembly Hotel, Seattle
(STREET ADDRESS, CITY, STATE)
Washington

Received for filing on APR 28 1942 By
(REGISTRAR'S SIGNATURE)

APR 29 1942

415-116-035-125

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29898

County of Nez Perce Co

City of East Lewiston

Registration District No. 95 File No.

No. St.

Primary Registration District No. 1009 Registered No. 38

Hospital

FULL NAME OF CHILD Baby Manning Burton James

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	single	11	yes	Apr 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas F Manning	FULL MAIDEN NAME	Evangeline V Aberwthy
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Maine	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 31 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsaow

(Physician or midwife)

Given names added from a supplemental report.

Address 570 Main St Lewiston Ida

19

Filed 6-10-1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted States
partment of Commerce
eau of the Census

RECEIVED FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2279
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address R.F.D. 1, Lewiston
3. **RESIDENCE of FATHER** (city, state). Lewiston, Idaho

FULL NAME OF CHILD Burton James Manning
5. Date of Birth (Month, day, year) April 16, 1915
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Charles Francis Manning
Color or Race White
12. Age at time of THIS birth 50 yrs.
Birthplace Oldtown (City or town), Maine (State or foreign country)
Exact Occupation Salesman
Industry or Business Nursery Stock

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Evangeline Virginia Abernethy
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace Knoxville (City or town), Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum None
Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 4
(c) Born alive and now dead 6 (d) Stillborn 1

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Evangeline V. Manning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

(a) ..... (Date received) (b) Acting (Registrar's signature) Clyde A. Bridges

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature D. C. Cassaday M.D. (D.O., Midwife, etc.)
and address Lewiston, Ida. Date 2/13/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) whose birth certificate

..... as

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-118-035-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Forest

No. Hoffman ranch

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29899

Registration District No. 95 File No.

Primary Registration District No. 1009 Registered No. 39

FULL NAME OF CHILD Perry, John, Theodore, Hoffman

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John, Peter, Hoffman	FULL MAIDEN NAME	Elizabeth, Mary, Watts
RESIDENCE	Forest P.O.	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin State	BIRTHPLACE	Wisconsin
OCCUPATION	Steam engineer	OCCUPATION	Trained Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.50 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Laughlin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Reubens, Idaho

19

Filed 5-10-1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 208 = 16th St.

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

29900

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 40

Hospital

FULL NAME OF CHILD Milton Percy Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	April 2, 1915

	FATHER	MOTHER
FULL NAME	Milton H Davis	FULL MAIDEN NAME
RESIDENCE	Lewiston Idaho	RESIDENCE Lewiston Idaho
COLOR	Black	COLOR Black
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ga	BIRTHPLACE Ga
OCCUPATION	Boot Black	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Shuff

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10 — 1915 L. J. Perkins

Registrar

S-Y CO., 16670

FEB 1 1951

Dep #1915-299782

HOLD NO MOTHER

A64222-035-377

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. M-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29901

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St Jos Hospital St.

Primary Registration District No. 1009

Registered No. 41

Hospital

FULL NAME OF CHILD Harriet Elizabeth Boren

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f	1	yes	Apr 22, 1913

FATHER		MOTHER	
FULL NAME	Chas Boren	FULL MAIDEN NAME	Mamie Lee Pollard
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	U S	BIRTHPLACE	U S
OCCUPATION	Stenographer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Boren alive, at 3:30 A M. on the date above stated.

(Boren alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Shaff

(Physician or Midwife)

Given names added from a supplemental report

Address Lewiston Idaho

, 19

Filed 5-10 1915 L. J. Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No.

238-227-035-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29902

County of Nez Perce

City of Lewiston

No. 1503 G St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 42

FULL NAME OF CHILD June Maxine Schwartz

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	single	8th	yes	April 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Schwartz	FULL MAIDEN NAME	Nora A. Hill
RESIDENCE	Lenore Ida	RESIDENCE	Lenore Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlson

(Physician or midwife)

Address 510 Main, Lewiston Ida

Filed 5-10-1915 L. J. Perkins Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OFFICIAL SEAL
WAYNE SANDERS
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires October 27, 1979

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 4 8 18 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 29902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Schwartz (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1915 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Schwartz	June Maxine Schwartz

Subscribed and sworn to before me this 31 day of December, 19 76

Wayne Sanders
Notary Public, residing at 12246 Artesia, Cerritos
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible] Artesia Artesia 90701
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/16/71 nm

FEB 8 1977

Family Bible record gives nameas June Maxine Schwartz. born April 27, 1915. viewd by V. S.

Copy of hospital record of birth for Dennis Edward Davis born to Lee Edward and June Maxine Davis. born March 20, 1944. mother's maiden name as Schwartz. b viewed by V. S.

314-129035-543

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1345 F St.

Hospital

Registration District No. 96 File No. 29903

Primary Registration District No. 1097 Registered No. 43

FULL NAME OF CHILD Kenneth Laurence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed Green	Irma McNutt
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Kan.	Kan.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was l. a. m., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Address Lewiston Idaho.

Filed 5-10- 1915 L. J. Perkins Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-209-031-655

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 45 File No. 29904

No. ..... St.

Primary Registration District No. 2127 Registered No. 7

Hospital .....

FULL NAME OF CHILD Ruth Shepard

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth 4 (Month) 9 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Martin John Shepard	FULL MAIDEN NAME Regina Beal
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ore
OCCUPATION Night Watchman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-14 1915 Elton B. Rogers Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF NEBRASKA)
) SS.
COUNTY OF MORRILL)

Certificate No. 29904

The undersigned does solemnly swear that she is the mother of Ruth Sheperd Reich (Mrs. Eugene Reich) and that certain facts hereinafter more fully set forth appearing in an application for a birth certificate of the said Ruth Sheperd Reich are inconcsistent and confusing.

The undersigned does solemnly swear that her true and correct name is Regina Elizabeth Teel Sheperd and that said name is the name she has gone by and has been known by for her full lifetime, and further that in recent years the undersigned has learned that her father changed the spelling of her family name from Teal to Teel and that other branches of the undersigned's family and her earlier ancestors spelled the name Teal, but that the undersigned has for her full lifetime spelled her maiden name Teel and gone by the name of Teel as her maiden name.

And further the undersigned does solemnly swear that the true and correct name of the physician attending at the birth of the said Ruth Sheperd Reich was Dr. Rogers and that his name appears in the application for said certificate as Dr. Rogerson; that the said Dr. Rogers practiced at Winchester, Idaho, and served in the World War dying shortly thereafter from wounds or injuries received in service.

And further that the name of the father of applicant appears in the original as M. M. Sheppard and that the true and correct name of the father of applicant is Martin John Sheperd; and further that name of applicant appears in said original as Sheppard and that the true and correct name of said applicant is Sheperd; and further that the said Ruth Sheperd Reich was born on the 9th day of April, 1915, at Winchester, Idaho.

Regina Elizabeth Teel Sh

Subscribed and sworn to before me this 28th day of August, 1941.

Robert J. Bulger
Notary Public.

My commission expires the 11th day of May, 1945.

669-114-031-693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29905

1. [illegible]
County of Lewis
City of Winchester
No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willis Anthony Forbes

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth April 14, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Victor Forbes	18. Full maiden name Minnie M. Willis
10. Residence (usual place of abode) (If non-resident, give place and State) Portland, Oregon	19. Residence (usual place of abode) (If non-resident, give place and State) Portland, Oregon
11. Color or race Wh | 12. Age at last birthday 27 (years)	20. Color or race Wh | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Elk River California	22. Birthplace (city or place) (State or Country) Roseburg Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Auto Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:30 A. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Eltar B Rogers M.D.
or ....., Midwife
Address Winchester

Give name added from a supplemental report .....
(Date of)

Filed April 14, 1915, Eltar B Rogers Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of [illegible] one child at birth a Separate Return must be made for each, and the number of each, in order of birth [illegible]

281-218'031-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 48 File No. 29906

Primary Registration District No. 2127 Registered No. 9

FULL NAME OF CHILD Louise Shannessy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 - 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J. Shannessy	FULL MAIDEN NAME	Ella May Scoville
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wisc
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 4-28-1915 Ellen B. Rogers Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 4 1973

391 - 218' 031-141

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 29907

Primary Registration District No. 2127 Registered No. 10

FULL NAME OF CHILD Mary Katherine Crane

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: April (Month) 18 (Day) 1915 (Year)

FATHER

FULL NAME: Frank Crane

RESIDENCE: Winchester

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Mass

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Jessie Adams

RESIDENCE: Winchester

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wash

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Given name added from a supplemental report.

(Signature) Frank Crane (Father)

(Physician or midwife)

Address Winchester, Idaho

Filed 5-10- 1915 Elton B. Rogers Registrar

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1943

89-226-031-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29908

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

Registration District No. 48

File No. _____

Primary Registration District No. 2127

Registered No. 11

FULL NAME OF CHILD ~~Jeanett Winnford~~ JEANET WINIFRED HARRIS

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Harris	FULL MAIDEN NAME	Cora Miller
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Winchester

Filed 4-26-1915 Elton B. Rogers Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 29908
County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jenett (Name on Original Certificate) who born (Was Born or Died) on 4-26-1914 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician's record (Bible Record, Insurance Policy, Etc.) prepared on record (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jenett Winford	~~Jeanette~~ Winifred Harris
		JeANeT

Subscribed and sworn to before me this 9th
day of April, 1943
C P Hinkle
Notary Public, residing at Lewiston, Idaho
My commission expires 2-10-1945
(Seal)

Signed Mrs. Esther Biegert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
504-15th-St Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of April, 1943
C P Hinkle
Notary Public, residing at Lewiston, Idaho
My commission expires 2-10-1943
(Seal)

Signed Harold Leon Biegert
(Signature of Any Credible Person Other Than Previous Year)
1507 6th AVENUE
(Street Address, City, State)
Lewiston, Idaho

APR 15 1943

165·126·63-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 29909

Primary Registration District No. 2127 Registered No. 12

FULL NAME OF CHILD Clayton LaVerne Montague

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	4-26-1915 (Month) (Day) (Year)

FATHER

FULL NAME John M. Montague

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ky

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Nettie Jones

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 2[illegible] (Years)

BIRTHPLACE Texas

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer B. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 4-26-1915 Elmer B. Rogers Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

236-D27,D31-386

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29910

Registration District No. 48 File No. .....

Primary Registration District No. 2127 Registered No. 13

FULL NAME OF CHILD Valetta Stokesberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	First	yes	4-27-1915

FATHER		MOTHER	
FULL NAME	Walter W. Stokesberry	FULL MAIDEN NAME	Genetta Thompson
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Maine
OCCUPATION	Principal School	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie A. Rogers

Physician
(Physician or midwife)

Address Winchester

Filed 4-27-19 15 Elsie A. Rogers
Registrar

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1960

JUL 8 1962

236-227-031-386

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48

File No. 29911

Primary Registration District No. 2127

Registered No. 14

FULL NAME OF CHILD Vernetta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	4-27-15

FATHER	MOTHER
FULL NAME Walter W. Stokesberry	FULL MAIDEN NAME Henrietta Thompson
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Illinois
OCCUPATION Principal Schools	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert B. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 4-27-1915 Elbert B. Rogers Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-230-031-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29912

County of Lewis

City of ~~Winchester~~ Forest

No. ..... St.

Hospital .....

Registration District No. 48 File No. .....

Primary Registration District No. 2127 Registered No. 15

FULL NAME OF CHILD Dolores Evaline Lorang

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4-30-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vincent Lorang	FULL MAIDEN NAME	Theresia Konen
RESIDENCE	Forest, Idaho	RESIDENCE	Forest, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wise	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 15 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 5-4-1915 Elton B. Rogers Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 16 1944

MAR 9 1962

655 [redacted] 33 Amended 5/22/73

[redacted] IRTH 713

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29913

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 71

FULL NAME OF CHILD Clea May Weekes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	5 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Leland Weekes	FULL MAIDEN NAME	Martha L. Galbraith
RESIDENCE	Archer, Ida	RESIDENCE	Archer Ida
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-10 1915 G G Espe
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1973

APR 2 0 2012

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 21 11 15 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 29913

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weeks (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1915 (Date of Event)
in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record (Bible Record, Insurance Policy, Etc.) prepared on September 29, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Clea May Weekes
father's last name	Weeks (Leland)	Weekes (George Helen)

Subscribed and sworn to before me this 17th day of May, 1973

Ray W. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires January 26, 1975
(Seal)

Signed Clea May Weekes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Box 154, Thornton, Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1973

Ray W. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires January 26, 1975
(Seal)

Signed Barbara Wilcox
(Signature of Any Credible Person)

Route 1, Rexburg, Idaho 83440
(Street Address, City, State)

FORM DH 60-155 CL-54-73

School Census Marshal's Report for the year Sept. 1924. gives father's name as George Leland Weekes and gives child's name as Clea May Weekes. Born 5/10/15. Viewed by V. S.

MAY 22 1973

Own child's birth certi.f on file in Idaho (56-11657) gives mother's name as K Clea Weekes. Viewed by V. S.

854-709-033-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29914

County of Madison

City of Plano

No. _____ St.

Hospital _____

Registration District No. 101

File No. _____

Primary Registration District No. 2178

Registered No. 70

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			5 9 1915

FATHER		MOTHER	
FULL NAME	Richard J. Hemsley	FULL MAIDEN NAME	Vilda Jackson
RESIDENCE	Plano, Ida	RESIDENCE	Plano, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.25 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 10-10 1915

G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-1091033-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 29915

Primary Registration District No. 2178 Registered No. 69

FULL NAME OF CHILD KENNETH STEINER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	5 9 1915

FATHER		MOTHER	
FULL NAME	Alma Moses Steiner	FULL MAIDEN NAME	Mary Blanche Cantwell
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1005 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-10 1915 G G Espe
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 22 1942 Certificate No. 29915

County of Payette } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Kenneth Steiner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 9, 1915 (DATE OF EVENT)

in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 12, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Kenneth Steiner

Subscribed and sworn to before me this 12th day of January, 1942

[signature]

Notary Public, residing at Payette, Idaho

My commission expires May 7, 1942

(SEAL)

Signed Mrs Mary B. Steiner

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

318 N. 10th At Payette, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1942

[signature]

Notary Public, residing at Payette, Idaho

My commission expires May 7, 1942

(SEAL)

Signed Bernice White

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 22 1942 By

(REGISTRAR'S SIGNATURE)

FEB 2 1942

[redacted] 1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29916

County of Madison

City of Rexburg

613-109-033-5-46 No. ____ St.

Registration District No. 100 File No. ____

Primary Registration District No. 2178 Registered No. 68

Hospital ____

FULL NAME OF CHILD Hillard J Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				5 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira Watson	Cinna Edwards
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Vt	Vt
OCCUPATION	Electrician	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn (Born alive or stillborn) at 3.35 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eaton

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-10 1915 G G Eaton Registrar

S-Y CO. 24655

963-203-033-613

PLACE OF BIRTH amended 9/29/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29917

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 67

FULL NAME OF CHILD Raya Zollinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	5 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas Zollinger	FULL MAIDEN NAME	Mable Walters
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	N	COLOR	
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	Ida
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1155 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-10 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6/12/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29917

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Zollinger (Name on Original Certificate) who was born (Was Born or Died) on 5/3/15 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Zollinger	Raya Zollinger
Sex	M	Female

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed John Richard Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 1978

Florence Cartright

Notary Public, residing at Boise

My commission expires Lifetime
(Seal)

Signed John Richard Lewis
(Signature of Any Credible Person)

823 E. Florida Nampa Id. 83651
(Street Address, City, State)

SEP 29 1978

Own child's birth certificate, John Richard Lewis, born March 10, 1946, in Rexburg, Idaho, #419192, lists mother as Raya Zollinger, born in Rexburg, Idaho.
viewed by vs Sep.9,1978

Marriage certificate lists bride as Raya Walters Zollinger, of Rexburg, Idaho. Married December 13, 1935, in Salt Lake City, Utah.
viewed by vs Sep.29,1978

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 230 033693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29918

County of Madison

City of Sunnydell

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2 76

File No. .....

Registered No. 66

FULL NAME OF CHILD Jessie Yancey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	4 30 1915

FATHER

FULL NAME David Yancey

RESIDENCE Sunnydell, Ida

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Miss.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence Wilcox

RESIDENCE Sunnydell, Ida

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ida

OCCUPATION .....

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:50 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Eagle

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-10 1915 G W Eagle Registrar

S-Y CO. 24655

AUG 2 6 1975

RECEIVED
AUG 25 1975
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 29918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Yancey (female) (Name on Original Certificate) who was born (Was Born or Died) on Apr 30, 1915 (Date of Event)
in Sunny Dell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jessie Yancey

Subscribed and sworn to before me this 28 day of August, 1975

Clerk Notary Public, residing at Rexburg Idaho
J.D.C. My commission expires January 1979
(Seal)

Signed Alma S Bean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

377 Yale Ave Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of August, 1975

Clerk Notary Public, residing at Rexburg Idaho
J.D.C. My commission expires January 1979
(Seal)

Signed H R Yancey
(Signature of Any Credible Person)

265 E 2nd S
(Street Address, City, State)
Rexburg Idaho

FORM DH 60-155 CL 8/25/75

Certif o Memberhip to the LDS Church gives name as Jessie Yancey Hiner daughter of Dave L. Yancey and Florence Wilcox. born April 30, 1915 at Archer, Idaho. Baptized May 3, 1952. viewed by V. S.

SEP 3 1975

Certif .of Baptism and Confirmation g from the LDS Church gives name as Jessie Yancey Hiner daughter of Dave L. Yancey and Florence. born April 30, 1915 at Archer, Idaho. Baptized May 3, 1952. viewed by V. S.

392-128-0736 K3

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29919

County of Madison

City of Thornton

No. _____ St.

Hospital _____

Registration District No. 109

Primary Registration District No. 2178

File No. _____

Registered No. 65

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	4 28 1915

FATHER		MOTHER	
FULL NAME	Hyrum Liston	FULL MAIDEN NAME	Lucinda Fullmer
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut.
OCCUPATION	Barber	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Cooke MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 10-10 1915 G W Cooke Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-26-033-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 29920

Registered No. 64

FULL NAME OF CHILD Glenn Rasmussen Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 26 1915

FATHER

FULL NAME William T Clark

RESIDENCE Rexburg

COLOR white AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Annie M Rasmussen

RESIDENCE Rexburg

COLOR white AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Oxid Idaho Bear Lake Co

OCCUPATION Housewife

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7-8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

midwife (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-5 19 15 Gillespie Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-124-033343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29921

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 4 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joel G. Robinson	FULL MAIDEN NAME	Mary Margaret Cutler
RESIDENCE	Archer Ida	RESIDENCE	Archer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 10-10 1915 G G Eske Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-223-033-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29922

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 62

FULL NAME OF CHILD Amy Luella Erikson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	4 23 1915

FATHER		MOTHER	
FULL NAME	Alex Erikson	FULL MAIDEN NAME	Isabelle Parker
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Eng.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:05 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-23 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/17/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 8 20 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29922

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ericson (Name on Original Certificate) who was born (Was Born or Died) on 4/23/15 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Ericson	Amy Luella Erikson
Father's name	Alex Ericson	Alex Erikson

Subscribed and sworn to before me this 19th day of April, 1978

Signed Mark L. Gillis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 608 N Dragoon Mesa Ariz

My commission expires 4-12-81
(Seal)

426 W. 6TH ST, MESA, ARIZ
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DN 60-155

Special Passport from the USA gives name as ~~Anna~~ Amy Luella Erikson Willis. born april 23, 1915 in Rexurg, Idaho. No. 2181. viewed by V. S. Dated 4-6-49.

MAY 2 1978

Application to the Beneficial Life Ins. Co. gives name as Amy Luella Erikson bonr Apr 23, 1915 in Rexburg, Idaho. mother's name as Elizabeth Isabelle Erikson. dated June24, 1938. viewed by V. S.

335-23-033-331

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29923

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 61

Hospital

FULL NAME OF CHILD Raymond Joseph Clements

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 23 1915

FATHER	MOTHER
FULL NAME Lester A. Clements	FULL MAIDEN NAME Elizabeth Ellsworth
RESIDENCE Clementsville Ida	RESIDENCE Clementsville Ida
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minn.	BIRTHPLACE N.Y.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Clarke

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 10-10 1915 G. W. Clarke
Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
County of ..... } ss.

Certificate No. 29923

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Should have been Raymond Joseph Clements (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)
in Rexburg, Madison Co., Idaho (Place of Event) and erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism and Confirmation (Bible Record, Insurance Policy, Etc.) prepared on June 3, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Raymond Joseph Clements

Subscribed and sworn to before me this 1
day of Febuary, 1945.
L A Attaway
Notary Public, residing at Rigby Idaho
My commission expires Jan 15 1947
(Seal)

Signed Alice A. Clay Bush Sister of mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, infermant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of February, 1945
L M Blaylock
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 20, 1948
(Seal)

Signed Justin Willis Knapp
(Signature of Any Credible Person)

Cleveland Idaho Falls
(Street Address, City, State)

Idaho

FEB 8 1945

962-220-033-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29924

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 6

FULL NAME OF CHILD Arda Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	4 20 1915

FATHER		MOTHER	
FULL NAME	Jesse G. Roberts	FULL MAIDEN NAME	Lilly Jensen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-23 1915 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1949

791-2044033-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 108 File No. 29925

Primary Registration District No. 2178 Registered No. 5-9

FULL NAME OF CHILD TERRECE PRATT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	4 4 1915

FATHER		MOTHER	
FULL NAME	Frances M Pratt	FULL MAIDEN NAME	Myrtle Grace Young
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Meddow Belle Idaho	BIRTHPLACE	Archer Idaho
OCCUPATION	Laberor	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-15-Q M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Almira M. Nelson

Midwife
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-12 1915 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 13 1953

SEP 10 1976

258-166-632-714

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 29927

Primary Registration District No. 1017-217 Registered No. .....

FULL NAME OF CHILD Robert Kehrer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		second	yes	Apr 6 1915

FATHER		MOTHER	
FULL NAME	Thos J. Kehrer	FULL MAIDEN NAME	Rosie P Paul
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. J. Henning

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 9 19 15 E. D. Pyfer Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 195

385.105.032-255

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29928

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD unnamed Chesnutt

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—	—	—	Yes	May (Month) 5 (Day), 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Chesnutt	FULL MAIDEN NAME	Emma Senbaugh
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Jerome

Filed May 9 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

683-105-032-342

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 29929

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Aaron Wyckoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	no	second	yes	April 5 1915

FATHER	MOTHER
FULL NAME: Walter Wyckoff	FULL MAIDEN NAME: Hazel Cashman
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning, M. D.

Jerome, Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 9 1915 E. D. Ryan Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1943

FEB 26 1943

412-207-032-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 29930

Primary Registration District No. 1017-2017 Registered No.

FULL NAME OF CHILD Louie May Maschler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 7 1915

FATHER		MOTHER	
FULL NAME	Earnest Maschler	FULL MAIDEN NAME	Eva Wernet
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pifer M. D.

(Physician or midwife)

Address Jerome

Filed May 9 1915 E. D. Pifer Registrar

Given names added from a supplemental report

Louie May Maschler 1915

E. D. Pifer Registrar

S-Y CO. 20174

643-216-025-[redacted]

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 29932

No. ..... St.

Primary Registration District No. 1001 Registered No. 17

Hospital .....

FULL NAME OF CHILD Evelyn Wilberta Fuller

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1st	yes	April 16 1915

FATHER		MOTHER	
FULL NAME	Wilbur Fuller	FULL MAIDEN NAME	Emma Della Davis
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white AGE AT LAST BIRTHDAY 27 (Years)	COLOR	white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Ilsson M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed May 10 1915 G. S. Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1956

SEP 10 1946

446-102-025-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ——

No. ..... St.

Hospital .....

Registration District No. 103 File No. 29933

Primary Registration District No. 2181 Registered No. 16

FULL NAME OF CHILD Raymond Woodrow Dufur

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2nd	yes	April 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph R. Dufur	FULL MAIDEN NAME	Lola Fay Campbell
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M. D.

Grangeville Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1915 G. S. Stockton Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

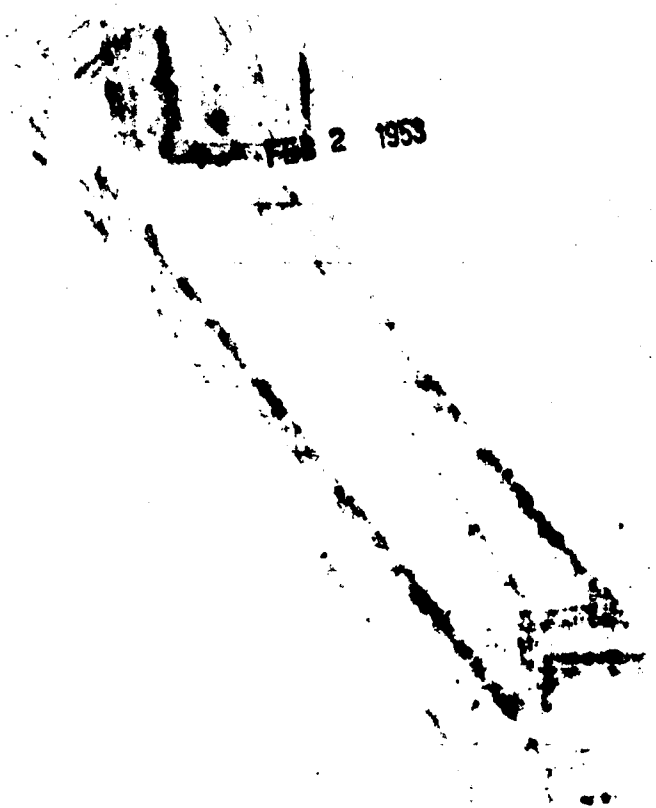
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

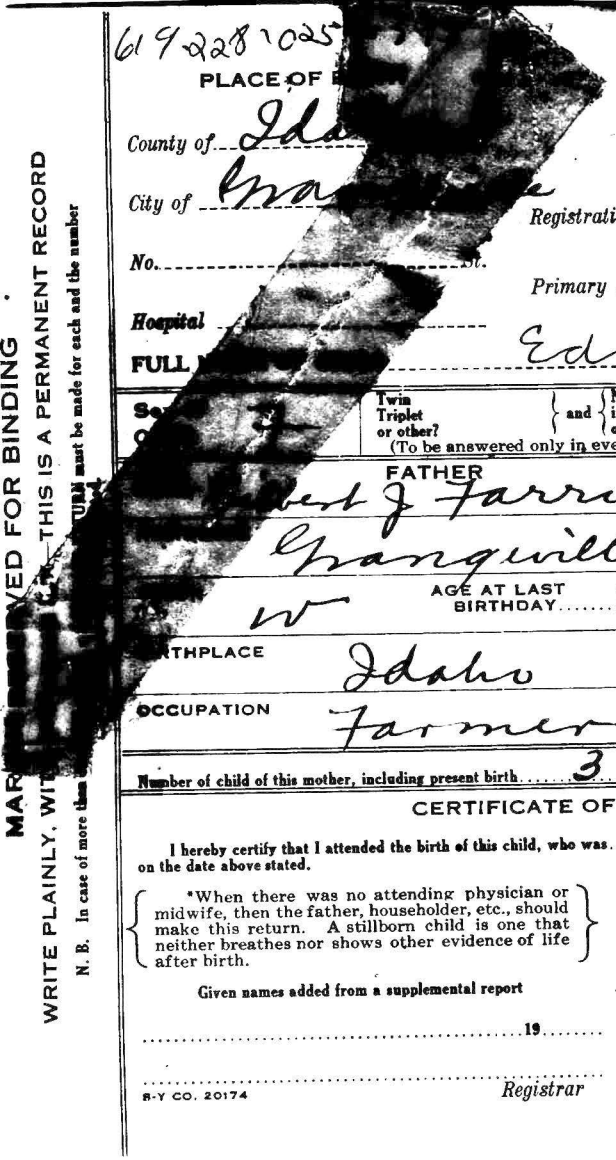
STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIR

FEB 2 1953



DECEASED



619-228-025

Form V. S. No. 11-C—20m-2-15-12

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida[illegible]

City of Gra[illegible]

Registration District No. 103 File No. 29934

No. ..... St.

Primary Registration District No. 2181 Registered No. 15

Hospital

FULL [illegible] BIRCH Edna Farris

Se[illegible]	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 28 1915 (Month) (Day) (Year)

FATHER	MOTHER
[illegible]bert J Farris	FULL MAIDEN NAME Hazel B Livingston
Grangeville	RESIDENCE Grangeville
W AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
[illegible]RTHPLACE Idaho	BIRTHPLACE Mo-
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed May 1 1915 G S Stockton
Registrar

Registrar

S-Y CO. 20174

MAR[illegible]VED FOR BINDING

WRITE PLAINLY, WIT[illegible] THIS IS A PERMANENT RECORD

N. B. In case of more than [illegible] must be made for each and the number

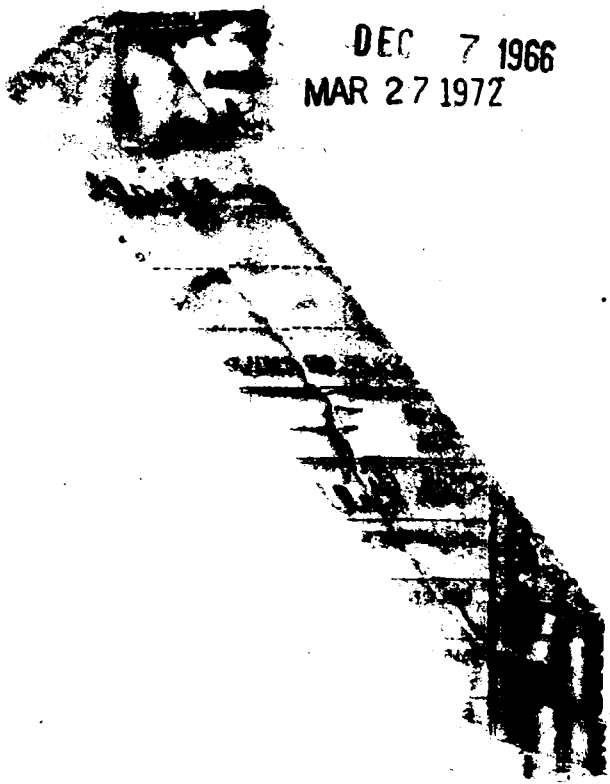
STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 27 1943

DEC 7 1966

MAR 27 1972



666-220-025-369

Name added 12-15-80

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29935

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 14

FULL NAME OF CHILD ELVA ELLA WOODWARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	April 20 1915

FATHER		MOTHER	
FULL NAME	James Russell Woodward	FULL MAIDEN NAME	Hazel E Swilegar
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Minn
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Sherman

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed May 1 19 15 G S Sherman

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 15 11 02 AM '80

State of _____ } ss.
County of _____ }

Certificate No. 29935
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Woodward (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 20,1915 (Date of Event)

in Grangeville (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Elva Ella Woodward

Subscribed and sworn to before me this 15th day of December, 1980.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

X Hazel May Perrigo
Signature of Applicant

Emmett, 317 Scales Yard Rd, Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file - Idaho, # 283761, gives name of mother as Elva Ella Woodward. Child born June 2, 1929, in Grangeville, Idaho
Viewed by V.S.

Family Record gives name as Elva Ella Woodward bornApril 20, 1915, in Grangeville, Idaho to James Russell Woodward and Haz el E. Twilegar. Record dated Sept. 18, 1945.
Viewed By V. S.

959-210-018-766

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Clearwater

City of Fraser

Registration No. 90

File No. 29936

No. ..... St.

Primary Registration District No. 2168

Registered No. 15

Hospital

FULL NAME OF CHILD Dorothy May Reed

Sex of Child Female

Twin, Triplet, or other? X and Number in order of birth X

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 3/10 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Cecil R. Reed,	FULL MAIDEN NAME	Mattie Poole
RESIDENCE	Clearwater Co.	RESIDENCE	Clearwater Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle N Horswill

(Physician or Midwife)

Given names added from a supplemental report

Address Orofino Idaho.

..... 19.....

Filed Apr 15 1915 J. McFarley

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

313-211018-255

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Clearwater

City of Oro Fino

Registration District No. _____ File No. 29937

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 16

Hospital _____

FULL NAME OF CHILD Lola Caldwell

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	yes	3/11, 1916

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loren K. Caldwell	FULL MAIDEN NAME	Lola Benton
RESIDENCE	Oro Fino Idaho	RESIDENCE	Oro Fino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile N Horswell

(Physician or Midwife)

Address Oro Fino Idaho

Given names added from a supplemental report

_____, 19__

Filed Apr 15 1915 J. M. Fairly Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF
Bureau of Vital
CERTIFICATE

264-218-018-F63

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 29338

Primary Registration District No. 7168

Registered No. 17

FULL NAME OF CHILD ~~Daisy Alice~~ DAISY ELAINE Bounds

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	3/15/1915

	FATHER	MOTHER
FULL NAME	Wilbert Wade Bounds	FULL MAIDEN NAME Daisy Holsclaw
RESIDENCE	Orofino Ida	RESIDENCE Orofino Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Oregon	BIRTHPLACE North Carolina
OCCUPATION	Bridge builder	OCCUPATION Housewife

Number of child of this mother including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle Whorwell

(Physician or Midwife) Orofino Ida

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Apr 15 1915 J. M. Faith

Registrar

S-Y CO., 16670

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss. Certificate No. 29938

County of MULTNOMAH } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Daisy Alene (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 18 1915 (DATE OF EVENT)

in Orofino Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 25 1915 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Daisy Alene	Daise Elaine Bounds

Subscribed and sworn to before me this 4th day of February, 1943

Paul M. Fasing

Notary Public, residing at Multnomah Ore

My commission expires 1-13-47 (SEAL)

Signed Daise H. Bounds (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt 6 Box 309 Portland Ore. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.

County of MULTNOMAH

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1943

Paul M. Fasing

Notary Public, residing at Multnomah Ore

My commission expires 1-13-47 (SEAL)

Signed Wilma Hanson (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

8829 S.W. 45th Multnomah Ore. (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

FEB 8 1943

386 108

PLACE OF BI[illegible]

Form V. S. No. 11-C—15m-6-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cha[illegible]

City of ~~Oro F~~ Tekoa Registration District No. 90 File No. 29939

No. ....., ... St. Primary Registration District No. 2168 Registered No. 18

Hospital .....

FULL NAME OF CHILD Will Choate

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	4 (Month) 8 (Day), 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C. Choate	FULL MAIDEN NAME	Maude Hall
RESIDENCE	Near Tekoa	RESIDENCE	Near Tekoa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eide M Horswell (Physician or Midwife)

Given names added from a supplemental report

Address Oro Fino Ida

....., 19.....

Filed Apr 15 1915 J. McFarl Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 19 1958

533-208-018-767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 60 File No. 29940

Primary Registration District No. 128 Registered No. 19

FULL NAME OF CHILD Marian Adelle Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 8, 1915

FATHER		MOTHER	
FULL NAME	J. Otis Ellis	FULL MAIDEN NAME	Della Goggins
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	California	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 30 19 15 J. M. Fairly

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

11/26/40 L. B.

718-111-018-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 40 File No. 29941

Primary Registration District No. 2168 Registered No. 20

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 11, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel A Gaymon	Beulah Skaggs
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Mo.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:06 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 30 1915 J. M. Daily

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 11 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

528-221-018-275

PLACE OF BIRTH

County of Charivatir

City of Fraser

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

29942

Registration District No. 40 File No. .....

Primary Registration District No. 2168 Registered No. 21

FULL NAME OF CHILD Zelma Ella Eby

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	x		x	yes	4/21, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dallas Eby	FULL MAIDEN NAME	Cora Stewart
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile J. Horsewell

Ontario Idaho

(Physician or Midwife)

Given names added from a supplemental report

Address Physician

..... 19.....

Filed May 10 1915 J. McFairly

Registrar

Registrar

S-Y CO., 16870

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 24 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29942
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Eby (female) (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)
in Fraser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Zelma Ella Eby

Subscribed and sworn to before me this 17th day of February, 1975
Stella Lee McGee
Notary Public, residing at Salem, Oregon
My commission expires April 23, 1976
(Seal)

Signed Leland D. Cannoy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
798 JAMES ST. N.E. SALEM, ORE.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1975
Gary Clark
Notary Public, residing at Salem Oregon
My commission expires October 30th 1978
(Seal)

Signed Leland & Lucille M. Garren
(Signature of Any Credible Person)
1315 Barnick Rd. N.E. Salem Ore
(Street Address, City, State)

CL 1/16/75nm

FORM DH 60-155

Own child's birth certif. from Salem Deaconess Hospital, Salem, Oregon gives name as Roderick J. Cannoy born July 19, 1936. father's name given as Leland Dee Cannoy and the mother's name as Zelma Ella Eby. viewed by V. S.

MAR 18 1975

Certif. of marriage from Washington gives name as Leland Dale Cannoy and Zelma Ella Eby. viewed by V. S. Dated June 17, 1933. viewed by V. S.

847-115-014-365

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Hospital

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29943

Registration District No. 3 File No.

Primary Registration District No. 2015 Registered No. 56

FULL NAME OF CHILD Royal Millard Hughey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	April 15 1915

FATHER	MOTHER
FULL NAME: John Wm Hughey	FULL MAIDEN NAME: Clovis Covey
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Pinkneyville Ill	BIRTHPLACE: Broman Neb.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Smith D.O

Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed 4-19-1915 John J. Meyer
Registrar

.....
Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

1/27/41/LB

168-129014-695

(2)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 29944

Primary Registration District No. 1005 Registered No. 57

FULL NAME OF CHILD Russell Glen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	3 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Johnston	FULL MAIDEN NAME	Ruby Fivecoats.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Iowa.
OCCUPATION	Butcher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. C. E. Watson BM

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 4-15- 1915 John S. Meyer Registrar

S-Y CO. 24655

FEB 12 1962

SEP 10 1974

(3)

693-211-01X-551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29945

County of Canyon.

City of Caldwell

No. ..... St.

Hospital yes.

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 58

FULL NAME OF CHILD Alice Arline Witte

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	April 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. A Witte	FULL MAIDEN NAME	Margaret Evans.
RESIDENCE	Notus	RESIDENCE	Notus.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F M Cole

BK.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida.

Filed 4-15-1915 John Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/4/41. w.h.

(24)

995-112-014-914

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29946

County of Canyon

City of Parma Rural 1. Registration District No. 3 File No.

No. St.

Primary Registration District No. 1005 Registered No. 59

Hospital

FULL NAME OF CHILD Charles Henry

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.		yes	Apr. 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C. Zissler	Mabel E. Radley
RESIDENCE	near Fargo	near Fargo
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Salina Co Kans	Canada
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 1030 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gue

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

.....19.....

Filed 4-13-1915 John S. Meyer
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1971

(15)

266-208-01X-495

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29947

County of Canyon

City of Parma - Rural

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 60

Hospital

FULL NAME OF CHILD Pauline Mae Bowman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	other (To be answered only in event of plural births)	1st	yes	Apr. 8th 1915

FATHER		MOTHER	
FULL NAME	Wm Lester Bowman	FULL MAIDEN NAME	Nellie May Dines
RESIDENCE	Parma Ida.	RESIDENCE	Parma Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Caldwell Ida.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on about date at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hanny

Physician

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4-13-1915 John D. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1975

(1)

819-205-014-133

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29948

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 61

FULL NAME OF CHILD Clarice Ruth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	8th	yes	Apr. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A. Harrith	FULL MAIDEN NAME	Gertrude Allen
RESIDENCE	Notus Ida	RESIDENCE	Notus Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive one above date at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 4-13-1915 John S. Meyer
Registrar

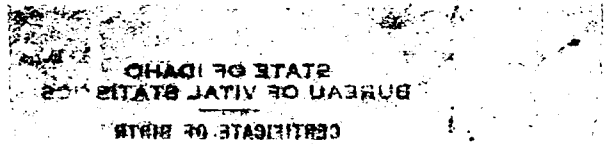
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 6 1976

21V-115 01V-461

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29949

County of Canyon.

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 62

FULL NAME OF CHILD Samuel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April - 15 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. F. Sheets.	FULL MAIDEN NAME	Mary E. Doan
RESIDENCE	Caldwell R.D.	RESIDENCE	Caldwell R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New J.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife) R.M.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Caldwell Ida

Filed 4-21- 1915 John J. Meyer Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439.117.014.419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—35m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29950

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 63

FULL NAME OF CHILD Harvey Andrew

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	——	——	——	Yes	April 17 — 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris McCullough.	FULL MAIDEN NAME	Blanche Martin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ind	BIRTHPLACE	Tex.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. M. Cole M.D.
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

Filed 4-21- 1915 John S. Meyer
Registrar

..... Registrar

S-Y CO. 24655

753.121:014-359

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 29951

Primary Registration District No. 2005 Registered No. 64

FULL NAME OF CHILD EVERETT LEE PETERS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	I. H. Peters	FULL MAIDEN NAME	Pearl Terrell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kan.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

BM
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

..... Registrar

Address Caldwell Ida

Filed 4-21- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 12 1970
Bureau of Vital Statistics

State of Missouri } ss.
County of Dallas }

Certificate No. 29951

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peters (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)
in Caldwell, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance application (Bible Record, Insurance Policy, Etc.) prepared on June 28, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed Peters	Everett Lee Peters

Subscribed and sworn to before me this 6th day of January, 19 70

Notary Public, residing at Buffalo, Missouri
My commission expires January 14, 1971.
(Seal)

X Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Buffalo, Missouri
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12/16/69 1cc pd.

Automobile Insurance Application gives name as Everett Peters, Born April 21, 1915. Dated 6/28/65 Viewed by V. S.

JAN 19 1970

Family Record page 382 gives name as Everett Lee Peters born April 21, 1915. Viewed by V. S. Parents name as Isaac Peters and Pearl Anna Peters.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-219-014-847

PLACE OF BIRTH

Form U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29952

County of Canyon

City of Caldwell

Registration District No 3 File No. 2005

No ....., ... St.

Hospital Canyon

Primary Registration District No. 2005 Registered No. 65

FULL NAME OF CHILD Dora Lorene Harper

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 19 1915

FATHER		MOTHER	
FULL NAME	Thad. B. Harper	FULL MAIDEN NAME	Clara Hughes
RESIDENCE	Caldwell - R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kan.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Farmer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho

Filed 4-28- 1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 16 1970

AUG 14 1975

NOV 28 1942

133.21.014-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29954

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 67

Hospital No.

FULL NAME OF CHILD John James Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	April 21 1915

FATHER		MOTHER	
FULL NAME	Jo B. Allison.	FULL MAIDEN NAME	Allie Beckstead.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Montana.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller P.M.
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

.....19.....

Filed 4-27-1915 John S. Meyer
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-223-014-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29955

County of Canyon

City of Caldwell - R.F.D.

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 68

Primary Registration District No. 2005 Registered No. 68

FULL NAME OF CHILD McCall -

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr 23 1915

FATHER		MOTHER	
FULL NAME	Z. N. McCall	FULL MAIDEN NAME	Anna Steenema
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Caldwell - Idaho.

Filed 4-28-1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

695·125·014-293

Form V. S. No. 11-C—25m-1-1-18

29956

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. ~~69~~

Primary Registration District No. 2005

Registered No. 69

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M S. Wing.	FULL MAIDEN NAME	Julia Billings
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:10 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 4-27- 1915 John S. Meyer

Registrar

Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-127-014-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

23957

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 70

Primary Registration District No. 2005 Registered No. 70

Hospital .....

FULL NAME OF CHILD Raymond A. Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Other	6th	yes	Nov 27 1913
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Wilson	FULL MAIDEN NAME	Alice Omega Howard
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	housekeeper

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 11:15 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-6- 1915 John D. Meyer

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-128-1014793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29958

Registration District No. 3 File No. 71

Primary Registration District No. 1005 Registered No. 71

FULL NAME OF CHILD Norman Cecil Imus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes.	April 28 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. J. Imus.	Fern Pickins
RESIDENCE	Caldwell.	Caldwell.
COLOR	W	W
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	Neb	Neb.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole PM
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

Filed 5-8-1913 John H. Meyer
Registrar

..... Registrar

S-Y CO. 24655

213.2011014-293

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29959

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. ~~72~~

Primary Registration District No. 2005

Registered No. 72

FULL NAME OF CHILD Esther Mae Salisbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	5 (Month) — 1 (Day) — 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H L Salisbury	FULL MAIDEN NAME	Anna Stiles
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wis.	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

..... (Physician or midwife) BM.

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 5-8-1915 John S. Meyer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

16

194.20110144433

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

29960

Registration District No. 2 File No. 73

Primary Registration District No. 2005 Registered No. 73

FULL NAME OF CHILD Alta May armfield

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other	6th	yes	May 1st 1915 (Month, Day, Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Armfield	FULL MAIDEN NAME	Agnes McClung
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 10:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-6-1915 John L. Meyers Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

719.127.005-465

Form V. S. No. 11-C—25m-1-1-[illegible]

STATE OF IDAHO
[illegible]U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29961

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. .....

Registered No. .....

FULL NAME OF CHILD Robert Parker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Parker	FULL MAIDEN NAME	Evelyn Montbrand
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wis
OCCUPATION	Millright	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.40 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. Kinsolving

Physician (Physician or midwife)

Address St Maries Idaho

Filed May 15 1915 H. L. Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 23 1961

961-115-005-449

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29962

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 32

File No. .....

Primary Registration District No. 2141

Registered No. .....

FULL NAME OF CHILD Kenneth Lorence Roach

Sex of Child: Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: April (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L. Bruce Roach	FULL MAIDEN NAME	Margaret Murphy
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving

J. Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries, Idaho

Filed May 15 1915 H. L. Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-211-005-394

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 29963

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD ~~Erina~~ ~~Erina~~ Erma Caroline Mueller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	March 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred W. Mueller	FULL MAIDEN NAME	Beulah Timberlake
RESIDENCE	St. Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Kan
OCCUPATION	Lumber Agt	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Otto~~ Born Alive at 9:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address St Maries Idaho

Filed May 15 1915 H. L. McCaley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1947

115-204-040713

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted]ITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Shoshone

City of Fusco

Registration District No. 122 File No. 29966

No. ..... St.

Primary Registration District No. 2200 Registered No. 34

Hospital .....

FULL NAME OF CHILD Maxine Charlotte ~~Johnson~~ Janssen

Sex of Child F	Twin Triplet or other? one and Number in order of birth 3d (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Apr 4 1915 (Month) (Day) (Year)

FULL NAME ~~Thomas~~ Tony Milton ~~Johnson~~ Janssen FATHER	FULL MAIDEN NAME ~~Mildred~~ Charlotte ~~Father~~ Gatterer MOTHER
RESIDENCE Fusco Ida	RESIDENCE Fusco Ida
COLOR W AGE AT LAST BIRTHDAY 39 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Kansas
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Wallace Ida

..... Registrar Filed 4/10 1915 H. Mowery Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

February 13, 1941

STATE OF COLORADO

COUNTY OF DENVER

I, Charlotte (Lottie) F. Janssen, the undersigned, do solomely swear that I am the mother of baby girl born April 4th, 1913 at Gem, Idaho to Tony Milton Janssen and Charlotte (Lottie) F. Gatterer.
I further swear that correct name of child is Maxine Charlotte Janssen not Maxine Charlotte Johnson as shown. Further that father's correct name is Tony Milton Janssen not Thomas Milton Johnson as shown on certificate.
Further that mother's maiden name is Charlotte F. Gatterer not Lottie Gatter as shown on certificate.

Charlotte (Lottie) F Janssen

Subscribed and sworn to before me this 13th day of February, 1941.

Martin A. Muritz

My Commission expires July 12, 1943

455-104-040-236

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. 122

Primary Registration District No. 2200

File No. 29967

Registered No. 25

FULL NAME OF CHILD Denin ~~not named~~, James Bruce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Apr 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin A. Denine	FULL MAIDEN NAME	Millie Glotfelty
RESIDENCE	Burke	RESIDENCE	Reardon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Newfoundland	BIRTHPLACE	Mich.
OCCUPATION	Miner	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Burke Idaho

Filed Apr 13 1915 H. C. Mowery Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/8/41 L. B.

193-208-040-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29968

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 36

FULL NAME OF CHILD Virginia Axtell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	One	2	Yes	April 9 1915

FATHER		MOTHER	
FULL NAME	Arthur Axtell	FULL MAIDEN NAME	Pearl Peterson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New York	BIRTHPLACE	Wisconsin
OCCUPATION	Furniture Dealer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. H. Mowery

Physicians

(Physician or midwife)

Address Wallace Ida

Filed 4/13 1915 D. H. Mowery Registrar

S-Y CO. 24688

APR 26 1950

296-123-040-555

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. National Mine St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29969

Registration District No. 122 File No.

Primary Registration District No. 2200 Registered No. 37

FULL NAME OF CHILD Charles Everett Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	Yes	Jan (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Earl Brown	FULL MAIDEN NAME	Gusa Everett
RESIDENCE	National Mine, Mullan	RESIDENCE	National Mine Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mining	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfo M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mullan - Ida

Filed May 10 1915 H. E. Mowery Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1967

DEC 11 1968

395-111-040-512

Form V. S. No. 11—[illegible]-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Larson

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29970

Registration District No. 122 File No. _____

Primary Registration District No. 2208 Registered No. 38

FULL NAME OF CHILD ~~Anna~~ Eino William Lindroos

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	Yes	Feb 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gus Lindroos	FULL MAIDEN NAME	Louis Nasi
RESIDENCE	Larson	RESIDENCE	Larson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Carpenter	OCCUPATION	wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Cuellar Ida

Filed Mar 10 1915 [illegible] Mowery Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1942

318-119-040255

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122

Primary Registration District No. 2206

File No. 29971

Registered No. 39

FULL NAME OF CHILD Don C Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X		X	Yes	Feb 19 1915

FATHER		MOTHER	
FULL NAME	Don C Taylor	FULL MAIDEN NAME	Lucinda Jane Beery
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Indiana
OCCUPATION	School Superintendent	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs

(Physician or midwife)

Address Mullan

Filed May 10 1915 H. A. Mowery Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-119-040-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

29972

Registration District No. 122 File No.

Primary Registration District No. 2200 Registered No. 40

FULL NAME OF CHILD Jacob Hobert Kannaainen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	X		X	yes	3 19 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Kannaainen	FULL MAIDEN NAME	Hilja Brakpa
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

FW Ralfs (Physician or Midwife)

Given names added from a supplemental report

Address Mullan Ida

, 19

Filed [illegible] 1915 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 14 1973

246-204-040-357

amend fathers & childs birthplace
4-18-86 dl

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29973

County of Shoshone

City of ~~Burke~~ Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 41

Hospital

FULL NAME OF CHILD Edith Marie Smole

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	no	3rd	yes	Apr 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Smole	FULL MAIDEN NAME	Peta Leahy
RESIDENCE	Burke Ida	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	~~Germany~~ Austria	BIRTHPLACE	Michigan
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:00 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wallace Ida

Filed Apr 15 1915 H. C. Mowery
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATS
APR 11 9 26 AM '86

State of WISCONSIN
County of WAUKESHA } ss.

Certificate No. 29973
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edith Marie Smole (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 4, 1915 (Date of Event)

in Burke (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
place of birth	Burke	Wallace
fathers birth place	Germany	Austria
~~Mothers name~~	~~Reta Leahy~~	~~Bridget Reta Leahy~~

Subscribed and sworn to before me this 11th day of April, 1986.
Notary Public, [illegible]
Residing at Shoshone County
My commission expires 10/30/88
(Seal)

Edith Marie Nagy
Signature of Applicant
W152-N8351 Elm Lane
Street Address, City, State
Menomonee Falls, Wis
53051

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of WISCONSIN
County of WAUKESHA } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1986.
Notary Public, [illegible]
Residing at WAUKESHA COUNTY
My commission expires 10/30/88
(Seal)

Gordon L. Court
Supporting Signature
W167-N10532 Bridle Path
Street Address, City, State
Germantown, Wi.
53022

Life Ins policy lists Edith M Nagy born April 4, 1915 in Wallace Idaho.
Policy dated July 1, 1956. Viewed by V.S.

APR 18 1986

Fathers birth & baptism record lists Frank Smolle born in Villach Austria on 9- 15- 86 and was baptised 9-17-1886. Viewed by V.S.

Census report lists Edith Smile born in Wallace, Idaho on April 4, 1915. taken from Census records of the Iron Mountain Public Schools dated 1926. Viewed by V.S.

Birth Certificate for Eileen Smole born May 17, 1922 in Michigan to Frank Smole born in Austria. Viewed by V.S.

799-208-040-623

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 122 File No. 29974

No. ..... St.

Primary Registration District No. 2200 Registered No. 42

Hospital .....

FULL NAME OF CHILD Helen Louise Grills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	apr 8 1915

FATHER

FULL NAME Alvin J. Grills

RESIDENCE Mullan

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Jordan

OCCUPATION Policeman

MOTHER

FULL MAIDEN NAME Mary Wilson

RESIDENCE Mullan 3yr

COLOR W AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Wyo

OCCUPATION Kit

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brannon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 1 19 15 H. E. Mowery Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1975

168-209-040-814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29975

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 43

FULL NAME OF CHILD VIRGINIA ELIZABETH JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr 9 1915

FATHER		MOTHER	
FULL NAME	Wm H Johnson	FULL MAIDEN NAME	Theresa Hardista
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Journeman	OCCUPATION	HW

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 1 1915 H C Mowery Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 29975

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Virginia Elizabeth Johnson (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on April 9, 1925 (Date of Event) in Mullan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother Sworn Statement (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Winnie	Virginia Elizabeth Johnson
Virginia Elizabeth	Johnson	

Subscribed and sworn to before me this 14th day of March 1942

Notary Public, residing at Seattle

My commission expires Aug 15th 1944

(Seal)

Signed Theresa Johnson (mother) (Mrs Wm H Johnson)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4106 Midvale Ave Seattle, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March 1942

Notary Public, residing at Seattle

My commission expires Aug 16th 1944

(Seal)

Signed Edgar A Johnson

(Signature of Any Credible Person Other Than Previous Year)

4106 Midvale Ave, Seattle, Wash.

(Street Address, City, State)

MAR 2
MAR 6 1943

265-113-040-533

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29976
Local Reg. No.
Reg. Dist. No. 122

Amended 5/4/77

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallce

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Pete b. (Middle): August c. (Last): Bonamici

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Apr. 13, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): c. (Last): Bonamici

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Austria

10. USUAL OCCUPATION: Millman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Virginia b. (Middle): c. (Last): Eccker

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Austria

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Mowery

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallce, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr 20, 1915

22. REGISTRAR'S SIGNATURE: H. C. Mowery

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

Time: 11 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 10 3 45 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash Idaho } ss.
County of Spokane }

Certificate No. 29976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Bonamicci (Name on Original Certificate) who was born (Was Born or Died) on Apr. 13, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Joseph Bonamicci	Peter August Bonamici
father's last name	Bonamicci	Bonamici

Subscribed and sworn to before me this 9 day of March, 1977

Notary Public, residing at Spokane Wa

My commission expires June 12, 1980

(Seal)

Signed Joseph Bonamicci
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2318 E Marshall Spokane
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of March, 1977

Notary Public, residing at Spokane Wash

My commission expires June 12 1980

(Seal)

Signed Peter A Bonamici
(Signature of Any Credible Person)

Route No 4 Spokane Wash
(Street Address, City, State)

FORM DH 60-155 CL 9/9/75 nm

Recruit Identification Card gives nameas Pete August Bonamici born April 14, 1951. # 654 26 62. dated Jan 22, 1942. from a U.S. Navy Recruiting Station Portland, Oregon., viewed by V. S.

Application for National Service Life Insurance gives namea s Pete August Bonamici. born April 14, 1915 in Wallace, Idaho. Serial No. 654 2662. Viewed by V. S.

Socail Secuirty Card dated 8-20-37 gives name as Pete August Bonamici No. 539 09 5250. viewed by V. S.

265 113 040-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 29976

Primary Registration District No. 2200 Registered No. 44

FULL NAME OF CHILD Joseph

Sex of Child M | Twin, Triplet or other? One | and Number in order of birth 4th | Legitimate? Yes | Date of Birth Apr 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER

FULL NAME James Bonsmecco

RESIDENCE Wallace Ida

COLOR W AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Austria

OCCUPATION Millman 4th

MOTHER

FULL MAIDEN NAME Virginia Eccker

RESIDENCE Wallace Ida

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery Physicians

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 20 1915 H. C. Mowry

Registrar

8-Y CO. 24698

AUG 2 8 1975

MAY 4 1977

249-230-040-469

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 29977

Primary Registration District No. 2200 Registered No. 45

FULL NAME OF CHILD Mary Evelyn Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	2nd	Yes	April 30 1915

FATHER		MOTHER	
FULL NAME	Allen Smith	FULL MAIDEN NAME	Eva Morrison
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Draymon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Mowery

Physicians

(Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

Filed May 10 1915 H. E. Mowery Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1971

JUN 17 1974

363-~~7~~-30-040-2019

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 122

File No. 29978

Primary Registration District No. 2200

Registered No. 46

FULL NAME OF CHILD James ~~L~~ BLAINE ~~Jr.~~ COLLIER

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: Apr (Month) 30 (Day) 1915 (Year)
Male			yes	

FATHER		MOTHER	
FULL NAME	James B Collier	FULL MAIDEN NAME	Grace L. Smith
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mont	BIRTHPLACE	Wis
OCCUPATION	Engineer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 12 1915 H. C. Mowery Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. JUL 28 1942 Certificate No. 29978
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James L. Jr.	James Blaine Collier

Subscribed and sworn to before me this 27
day of July, 1942
J. F. H. Waberman
Notary Public, residing at Spokane
My commission expires Sept 1, 1945
(Seal)

Signed Grace Lucille Morris Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E 219 Gordon Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 29 1942

534-210-007-743

PLACE OF BIRTH

ST[redacted]O
BUREAU [redacted]TATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29979

County of Blaine

City of Carey

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Myrtle Pace Eldredge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	Single	4th	yes	May 10 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Irwin Elmer Eldredge	FULL MAIDEN NAME Nettie Hannah Pace
RESIDENCE Carey	RESIDENCE Carey
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Cache Co., Utah	BIRTHPLACE New Harmony, Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe
(Physician or midwife)

Address Carey

Given names added from a supplemental report.

_____ 19__

Jas. Monroe
Registrar

Filed May 19 1915 Jas. Monroe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

753-212-007-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29980

County of Blaine

City of

No. St.

Hospital

Registration District No. 41 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Alice Melba Peterson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	second	yes	April 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ruben Co Peterson	FULL MAIDEN NAME	Miss Pauline Gifford
RESIDENCE	Austin	RESIDENCE	Austin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Coralne, Idaho	BIRTHPLACE	Joseph, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Mrs. Bessie Shafer

Filed Apr 1915 Dr. Jas. Monroe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-107-040186

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

29981

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 44

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Harold Moilanen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy			May 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Moilanen	FULL MAIDEN NAME	Sophia Ahonen
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilma Kumpumaki
~~Physician~~ Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho Bx 204

Filed May 15 1915 Geo S Lesher
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 6 1943

815-205-040655

29982

Form V. S. No. 11-C—20m-2-15-12

29982

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Stuart

No. ..... *St.*

Hospital .....

Registration District No. 123 **File No.** 43

Primary Registration District No. 2201 **Registered No.** .....

FULL NAME OF CHILD Hancock

Sex of Child female	**Twin Triplet or other?** and **Number in order of birth** 1 (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** May (Month) 5 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME H M Hancock		**FULL MAIDEN NAME** Mabel Fensler	
RESIDENCE Stuart		**RESIDENCE** Stuart	
COLOR White	**AGE AT LAST BIRTHDAY** 22 (Years)	**COLOR** White	**AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE Montana		**BIRTHPLACE** Iowa	
OCCUPATION Blacksmith		**OCCUPATION** Housewife	

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 2 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Kellogg Idaho

Filed 5/8/ 1915 Geo S Lesher *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/13-126-040751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Kellogg

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29983

Registration District No. 123 File No. 42

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Maurice Edgar Malin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	April 26 1913

FATHER

FULL NAME Chas Malin

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Colorado

OCCUPATION Mill Operator

MOTHER

FULL MAIDEN NAME Gertrude Pearson

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1630 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Lindsay

Physician (Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/26 1913 Geo S Lesher Registrar

S-Y CO. 20174

FEB 5 7 1954

844-22-1040-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29984

County of Shoshone

City of Kellogg

Registration District No. 12 3 File No. 41

No. St.

Primary Registration District No. 2701 Registered No.

Hospital

FULL NAME OF CHILD — Hudson Maxine Clara

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2	Yes	April 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Hudson	Clara Henderson
RESIDENCE	Kellogg Idaho	Robin Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/27 1915 S. Lesher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1956

395-107-040-863

Amended 3-8-71

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29985

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 40

No. ____ St.

Primary Registration District No. 2201 Registered No. ____

Hospital ____

FULL NAME OF CHILD Edward Ovald Lien

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	apr 7 1915

FATHER		MOTHER	
FULL NAME	Ed Lien	FULL MAIDEN NAME	Anja Holen
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Plummer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Norway
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lindsay

Physician (Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

....., 19.....

Filed apr 19 15

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

RECEIVED
FEB 12 1971
Bureau of Vital Statistics

Certificate No. 29985

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Lien (Name on Original Certificate) who was born (Was Born or Died) on Apr. 7, 1915 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	John Lien	Edward Ovald Lien

Subscribed and sworn to before me this 10 day of Feb. 1971

Cecil Kelly Jr
Notary Public, residing at Coeur d'Alene
My commission expires 1-1-73
(Seal)

Signed Inga A Lien
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1811 E Sherman Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February 1971

Cecil Kelly Jr
Notary Public, residing at Coeur d'Alene
My commission expires 1-1-73
(Seal)

Signed Barbara C. Bayliss
(Signature of Any Credible Person)
909 Montana Avenue, Coeur d'Alene, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/8/71 1 cc pd. rec.#9507

Certificate of Baptism gives name as Edward Ovald born April 7, 1951 to
-Ed Lien and Baptized October 15, 1915 at Pocatello, Idaho.
Pastor H. J. Villesvik
Viewed by V.S.

MAR 8 19

Certificate of Confirmation certifies that Edward Ovald Lien was born April 7, 1915
in Kellogg, Idaho. Confirmed in the Lutheran Church on June 8, 1930.
Louis Hagen, Pastor.
Viewed by V.S.

MAY 30 1984

565-209-040-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29986

County of Shoshone

City of ~~Kellogg~~ Stuart

Registration District No. 173 File No. 39

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Novich

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			1	yes	Apr 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael Novich	FULL MAIDEN NAME	Jennie Herlich
RESIDENCE	Stuart	RESIDENCE	Stuart
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 4/15 1915 Geo S Lesher Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-215-034-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA

No. 11-C—20m-9-15-12

CERTIFICATE OF BIRT

29987

County of Minidoka

City of Heyburn

Registration District No. 18

File No.

No. St.

Primary Registration District No. 2102

Registered No. 5

Hospital

FULL NAME OF CHILD Violet Hathaway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Feb. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy Hathaway	FULL MAIDEN NAME	Mamelta Thaxton
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. R. Killen

(Physician or midwife)

Given names added from a supplemental report

19

Address Heyburn, Idaho

Filed May 10 1915 V. R. Killen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1954

249-201-034-231

Form V.S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29988

County of Minidoka

City of Paul

No. ..... St.

Hospital Residence

Registration District No. 18 ~~17~~ File No. .....

Primary Registration District No. 2102 Registered No. ~~294~~ 6

FULL NAME OF CHILD Kathleen Nauvorneen Burke

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1 (To be answered only in event of plural births)	Yes	Mch 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clayton Arthur Burke	FULL MAIDEN NAME	Gertrude N. Stacy
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Alleton Co Michigan	BIRTHPLACE	Ord Nebraska
OCCUPATION	Lumber Dealer	OCCUPATION	House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed May 10 1915 V. F. Kellen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1942

215-213-034-331

PLACE OF BIRTH

County of Oneida

City of Heyburn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 29989

Primary Registration District No. 2102 Registered No. 8

FULL NAME OF CHILD Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3-13-15 191

FATHER		MOTHER	
FULL NAME	H. P. Sanders	FULL MAIDEN NAME	Rose Clawson
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed May 10 19 15 V. R. Miller Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-213-03X-395

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29990

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 7

Hospital .....

FULL NAME OF CHILD Mary Esther Thrasher.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Mar. 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. L. Thrasher	Jennie Lincoln
RESIDENCE	Heyburn	Heyburn
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Indiana	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 30 P. M. on the date above stated.

(Signature) V. R. Killen M D

..... (Physician or midwife)

Address .....

Filed May 10 1915 V. R. Killen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1974

897-115-034-652

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 18 File No. 29991

Primary Registration District No. 2102 Registered No. 9

FULL NAME OF CHILD Albert E. Higley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Mar. 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ellis Higley	FULL MAIDEN NAME	Ray Wert
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	France
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1915 V. R. Killen Registrar

Registrar

S-Y CO. 20174

MARGIN RES[redacted]R BINDING

WRITE PLAINLY, WITH UNFADI[redacted]S IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [redacted]RN must be made for each and the number of each [redacted]ted.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 27 2 20 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 29991

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Higley (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 15, 1915 (Date of Event)
in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Albert E. Higley

Subscribed and sworn to before me this 21st day of
Oct., 19 75
Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Mrs Albert Higley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 7/25/75

OCT 2 1 1975

Church record gives name as Albert E. Higley born March 15, 1015 in Paul, Idaho to Ellis Higley and Raymonde Wiart. Church Record recorded Aug 1924.
Viewed by V.S.

Marriage certificate gives name as Albert Higley married to Lorane Thiel on Sept. 2, 1939. License # 1416 issued by Power County, Idaho.
Viewed by V.S.

288-202-037-466

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29992

Registration District No. 18 File No. _____

Primary Registration District No. 2102 Registered No. 10

FULL NAME OF CHILD MELBA MARIE Eby.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Apr. 2 1915

FATHER		MOTHER	
FULL NAME	H. P. Eby.	FULL MAIDEN NAME	Edna Moore
RESIDENCE	Heyburn.	RESIDENCE	Heyburn.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. V. Killen

Physician (Physician or midwife)

Address Heyburn

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 10 1915 V. V. Killen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 3 Certificate No. 29992

County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Shy	Melba Marie Shy

Subscribed and sworn to before me this 2nd day of February, 1942

[signature]

Notary Public, residing at Rupert, Idaho

My commission expires June 21, 1943

(SEAL)

Signed Mrs. Edna W. Shy

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rupert, Idaho, R F. D. # 2

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of February, 1942

[signature]

Notary Public, residing at Rupert, Idaho

My commission expires June 21, 1943

(SEAL)

Signed [signature]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

817 H. St. Rupert Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By .....

(REGISTRAR'S SIGNATURE)

FEB 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-210-03K-816

PLACE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 29993

Primary Registration District No. 2102

Registered No. 11

FULL NAME OF CHILD Alberta Marie Siroky

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley Siroky	FULL MAIDEN NAME	Phoebe Hawkins
RESIDENCE	Heyburn	RESIDENCE	Heyburn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed May 10 1915 V. R. Killen Registrar

S-Y CO. 20174

PLACE OF BIRTH

759-220-034-391

PLACE OF BIRTH

Form V. S. No. [illegible] Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29994

County of Minidoka

City of _____ Registration District No. 18 File No. _____

No. _____ St. Primary Registration District No. 2102 Registered No. 12

Hospital _____

FULL NAME OF CHILD Lenora Adda Pittenger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	April 20 1915

FATHER

FULL NAME W. W. Pittenger

RESIDENCE Hyburn.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margi Cary

RESIDENCE Hyburn.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed May 10 1915 V. R. Killen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 29994

State of Idaho } ss.
County of Bonner }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Lenora Adda Pittenger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Apr 20 1915 (DATE OF EVENT)
in Kootenai (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Adah	Lenora Adda Pittenger

Subscribed and sworn to before me this 3
day of April, 1944.

Notary Public, residing at Rupert

My commission expires Dec 21st 1945
(SEAL)

Signed Marion C. Pittenger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Paul, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of Idaho } ss.
County of Bonner }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of April, 1944.

Notary Public, residing at Rupert

My commission expires Dec 21st 1945
(SEAL)

Signed Mrs. Helen M. Long
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Paul, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

666-207-002-666

PLACE OF BIRTH

Form [redacted] m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29995

County of Adams

City of Goodrich

No. _____ St.

Hospital _____

Registration District No. 71 File No. _____

Primary Registration District No. 2148 Registered No. 200

FULL NAME OF CHILD Nellie Mary Woods

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		yes	4 – 1 1915

FATHER		MOTHER	
FULL NAME	John Woods	FULL MAIDEN NAME	Pearl Woodland
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Woods

Father

~~(Physician or midwife)~~

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5 – 12 1915 Frank E Brown

Registrar

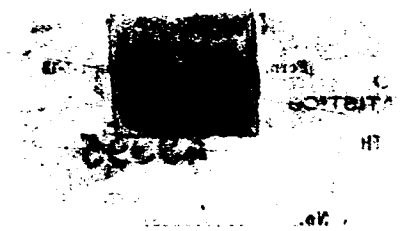
Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-211-002-314

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29996

County of Adams

City of Goodrich

No. _____ St.

Hospital _____

Registration District No. 71 File No. _____

Primary Registration District No. 2148 Registered No. 201

FULL NAME OF CHILD Adelia Woods

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			4-11-1915

FATHER		MOTHER	
FULL NAME	Marriam Sylvan Woods	FULL MAIDEN NAME	Clara Lane
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Union Co Oregon	BIRTHPLACE	Baker Oregon
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 a.m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sylvan Woods
Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

_____ 19__

[illegible]
Registrar

Address Goodrich Bath Co Iowa

Filed 5-12 1915 Frank Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-315592

5-51216-002-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29997

Registration District No. 71 File No. _____

Primary Registration District No. 2148 Registered No. 202

FULL NAME OF CHILD Doris Evans

Sex of Child Fe.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 4 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos Evans	FULL MAIDEN NAME	Lucy Ball
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kan	BIRTHPLACE	Idaho
OCCUPATION	Forester	OCCUPATION	Hwf

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 4.40 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 4-16 1915 Frank E Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 15 1952

DECEASED

495-120-002-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 71 File No. 29998

Primary Registration District No. 248 Registered No. 203

FULL NAME OF CHILD Henry Dinght

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	7 (To be answered only in event of plural births)	yes	April 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Frazier	FULL MAIDEN NAME	Willette Carter
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed 5-1- 1915 Frank E. Brown Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

869-221-002-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29999

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 204

FULL NAME OF CHILD Mary Horn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.		yes	4 - 21 1915

FATHER		MOTHER	
FULL NAME	I A Andrew	FULL MAIDEN NAME	Sarah Ann Horn
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M on the date above stated.

~~(Born alive or stillborn)~~

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. A. Andrew

Father

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4-21 1915 Frank E Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395.129.042.415

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30,000

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Leslie Willis Livgscheit

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B.		Yes	Apl 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Livgscheit	FULL MAIDEN NAME	Cora Davis
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	So Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 20 1915 A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

R 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 30000

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leslie Willis Lingscheidt	Leslie Willis Lingscheit
father's name	Frank Lingscheidt	Frank Lingscheit

Subscribed and sworn to before me this 23
day of March, 1945

Notary Public, residing at Sheridan Ore.
My commission expires 2/4/48
(Seal)

Signed Frank Lingscheit
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sheridan Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Yamhill }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of March, 1945

Notary Public, residing at Sheridan Ore.
My commission expires 2/4
(Seal)

Signed Nelson Agee
(Signature of Any Credible Person Other Than Previous Year)

Sheridan Ore
(Street Address, City, State)

APR 4 1945

[redacted] 206-042 [redacted]

Form V. S. No. 11-C—25m-1-1-13

[redacted] H [redacted] OF IDAHO
[redacted] VITAL STATISTICS

[redacted] Falls [redacted] CATE OF BIRTH

30001

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Gladys Louise Sommer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	May (Month) 6th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Gottfried Sommer	FULL MAIDEN NAME	Louise Stienman
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Charles City, Iowa	BIRTHPLACE	Monroe, Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Thursday May 10 at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaretha Sommer

(Physician or midwife)

Given names added from a supplemental report.

Address Filer, Idaho.

19

Filed 5/24 1915

A A Newberry
Registrar

A A Newberry
Registrar

1-Y CO. 24655

[redacted]

MAY 6 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249125 - 942-799

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30002

County of Twin Falls Ida.

City of Country

No. ..... St.

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

Hospital Home.

FULL NAME OF CHILD James Alfred Burgoyne.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			1	Yes.	4 25 1915

FATHER		MOTHER	
FULL NAME	James David Burgoyne.	FULL MAIDEN NAME	Cora Ada Price.
RESIDENCE	Country	RESIDENCE	Country
COLOR	Dark.	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Stafford Kans.	COLOR	Dark.
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Montrose Colorado.
		OCCUPATION	Farmer.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed apr 19. 15 A A Newberry
Registrar

S-Y CO. 24688

194-109-042-219

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30003

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38 File No. .....

Primary Registration District No. 7086 Registered No. .....

FULL NAME OF CHILD Robt Armstrong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	✓	✓	Yes.	April 9 1915

FATHER		MOTHER	
FULL NAME	Howard Armstrong	FULL MAIDEN NAME	Della Barnhart
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	El Paso Ill	BIRTHPLACE	El Paso Ill
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1915 A A Newberry Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1942

643-[redacted]0-662

P[redacted]TH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30004

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 21

FULL NAME OF CHILD Jessie Minnie Fuller

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	4 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard W. Fuller	FULL MAIDEN NAME	Jessie Hoste
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 25 1915 F. Leo Tuesday

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 21 1945

[redacted]

251-113-040-113

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70 File No. 30005

Primary Registration District No. 1011 Registered No. 18

FULL NAME OF CHILD Robert Clark Keating

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male	one	yes	April 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Keating	FULL MAIDEN NAME	Francis F. MacDiarmid
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Assistant Cashier at Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean

Physician (Physician or Midwife)

Given names added from a supplemental report

April 20th 1915

Address Wallace Hospital

Filed April 20 1915 F. Leo Tuntley Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 24 1975

FEB 26 1943

281-118-040-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30006

County of Shoshone

City of Wallace

No 108, Bank St.

Registration District No 70 File No.

Hospital

Primary Registration District No. 1011 Registered No. 19

FULL NAME OF CHILD Harry Hubert Shawhan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	April 18, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glenn Ebno Shawhan	Margaret Helen Wright
RESIDENCE	Wallace, Ida	Wallace, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Sigourney, Iowa	Chrystal Lake, Ill.
OCCUPATION	Physician & Surgeon	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:02 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glenn E. Shawhan

Physician & Surgeon (Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr 21 1915 F. Leo Sunday Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

JUL 18 1950

236-121-040-175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30007

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 20

FULL NAME OF CHILD Clarence Homer Stokes

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 21 1915

FATHER		MOTHER	
FULL NAME	William Homer Stokes	FULL MAIDEN NAME	May Agnes
RESIDENCE	Osburn	RESIDENCE	Osburn
COLOR	White — AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Gem, Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.34 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 25 1915 F. Leo Trumbley

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

DEC 1 1942

Amended 2-4-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30009
Local Reg. No. 95
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thatcher

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cleveland

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lorin b. (Middle): Christ c. (Last): Hoopes

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 16, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Leonard b. (Middle): Redfield c. (Last): Hoopes

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Thatcher, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Dorthea b. (Middle): Luella c. (Last): Jensen

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bear River, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Landgreen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Treasureton, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 10, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a serological test for syphilis performed? ____ NO ____ APPROXIMATE DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. 30009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorin Cristensen Hoopes (Name on Original Certificate) who was born (Was Born or Died) on Jan. 16, 1915 (Date of Event)
in Thatcher, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Pacific National Life Ass Co. (Bible Record, Insurance Policy, Etc.) prepared on May 23, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lorin Cristensen Hoopes	Lorin Christ Hoopes
Full Name of Father	Leonard Redfield	Leonard Redfield Hoopes

Subscribed and sworn to before me this ... day of ..., 19...

Notary Public, residing at ...
My commission expires ...
(Seal)

Signed ...
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ... day of ..., 19...

Notary Public, residing at ...
My commission expires ...
(Seal)

Signed ...
(Signature of Any Credible Person)

... (Street Address, City, State)

FORM DH 60. 155

CL 10-7-65. one copy pd. rec. #19015.

National Service Life Insurance Policy, dated Dec. 1, 1945, cert. no. V 251 287, Veteran's Administration, Washington D.C. gives full name of insured as Lorin Christ Hoopes - viewed by V.S.

L.D.S. Church Cert. of Blessing, June 6, 1915 gives full name as Lorin Christ Hoopes, son of Lenard Hoopes and Luella D. Jensen, born Jan 16, 1915 at Thatcher, Idaho - viewed by V.S.

Bus Business Men's Assurance Co., Life Insurance Policy, dated Oct. 22, 1928 policy no. L-69908 gives full name of insured as Leonard Redfield Hoopes, age 43 - viewed by V.S.

Idaho Mutual Benefit Association Insurance Policy, dated March 12, 1936, policy no. M15821 gives full name of insured as 9/ Leonard R. Hoopes - viewed by V.S.

795-109-003-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30010

Primary Registration District No. 2048 Registered No. 74

FULL NAME OF CHILD Marvel John Prescott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	March 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Jacob Prescott	FULL MAIDEN NAME	Evelyn Ann Hansen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bear Lake Ida	BIRTHPLACE	Cleveland
OCCUPATION	Farmhand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Treasureton Idaho

Filed May 10, 1915

Eris Kerr
Registrar

Eris Kerr
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396122.003-692

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oford

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 30012

Primary Registration District No. 2046 Registered No. 92

FULL NAME OF CHILD Charles F. Crosshaw

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	X (To be answered only in event of plural births)		Yes	Apr 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J Crosshaw	FULL MAIDEN NAME	May B Fisher
RESIDENCE	Oford	RESIDENCE	Oford.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall (Physician or Midwife)

Address Oxford, Ida.

Given names added from a supplemental report

....., 19.....

Elis Kenney Registrar

Filed May 10, 1915 Elis Kenney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1981
MAY 7 1981

244-101-003-155

Form V. S. No. 41-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30014

County of Bannock

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11 File No. _____

Primary Registration District No. 2048 Registered No. 90

FULL NAME OF CHILD James Simmons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	May 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jodie Simmons	FULL MAIDEN NAME	Ethel Jensen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Ut.
OCCUPATION	Rancher	OCCUPATION	Unp

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elis Karlen

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soda Springs, Id

Elis Karlen
Registrar

Filed May 10 1913 Elis Karlen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 30014

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	James Simmons	Ernest Everett Simmons
Father's name	Jodie Simmons	Jodie Elliot Simmons
Mother's maiden name	Ethel Jensen	Amelia Jensen

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

DEC 2 4 1975

Returned to this office, unsigned, Mar. 12, 1952.

MAR 13 1952

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30015
Local Reg. No.
Reg. Dist. No. 11

Amended 9/2/77

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Anna b. (Middle): Lucil c. (Last): Hall

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Apr. 21, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Leo b. (Middle): Harris c. (Last): Hall

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Portage, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Esther b. (Middle): c. (Last): Wolverton

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Garden Creek
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. W. W. Lewis
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: McCammon, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: May 10, 1915
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Time: 5 PM

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 2 21 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 30015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Gladus Hall (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)

in McCammon, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Gladus Hall	Anna Lucil Hall

Subscribed and sworn to before me this 26 day of July, 1977

Gary N Gunter

Notary Public, residing at McCammon, Id

My commission expires 1-14-78

(Seal)

Signed Esther E. Hall

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 234 - McCammon, Id

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of July, 1977

Gary N Gunter

Notary Public, residing at McCammon, Id

My commission expires 1-14-78

(Seal)

Signed Zella M Neeser

(Signature of Any Credible Person)

Box 234, McCammon, ID

(Street Address, City, State)

FORM DH 60-155

CL 7/20/77 1bc & 2cc pd. rec. # 1996

High school diploma from McCammon High school, McCammon, Idaho gives name as Anna Lucil Hall. dated May 16, 1935. viewed by V. S.

Patriarchal Blessing from the LDS Church gives name as Anna Lucil Hall Baker bonr April 21, 1915 in McCammon, Idaho. ~~fx~~ father's name as Leo Harris Hall and mother's name as Esther Emma Wolverton. dated Feb 5, 1961. viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-213-003-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30016

Primary Registration District No. 2046 Registered No. 88

FULL NAME OF CHILD Anna Fay Lowery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		yes	4 13 1915

FATHER		MOTHER	
FULL NAME	Robert P. Lowery	FULL MAIDEN NAME	Lillian Davis
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Beaumont Texas	BIRTHPLACE	Oklahoma City, OK
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Paul M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Elis Kanley Registrar

Filed May 10 1915 Elis Kanley Registrar

R-Y CO. 20174

212-102-032

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30017

County of Lincoln

City of Jerome

Registration District No. 23 File No.

No. , St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 2 1915

FATHER		MOTHER	
FULL NAME	Ray C. Baker	FULL MAIDEN NAME	Clara Jensen
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Garage Propr	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 11 30 A. M. on the date above stated.

(Signature) John F. Schmeckebier

(Physician or Midwife)

Address Jerome

Filed May 19 1915 E. Dr. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

412-220-032-853

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30018

County of Lincoln

City of Jerome

Registration District No. 23

File No.

No. , St.

Primary Registration District No. 1017-2017

Registered No.

Hospital

FULL NAME OF CHILD Frances Julia Massey

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Feb 20, 1915

FATHER		MOTHER	
FULL NAME	Glenn T Massey	FULL MAIDEN NAME	Agnes Helman
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmershall

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Jerome Ida

Filed May 19 1915 E. D. Pipin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 30018

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Massey (Name on Original Certificate) who born (Was Born or Died) on Feb. 20, 1915 (Date of Event)
in Jerome, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Frances Julia Massey

Subscribed and sworn to before me this 8th day of April 1945.

J. M. Russell
Notary Public, residing at Nampa Idaho
My commission expires 2-28-45
(Seal)

Signed Glenn T. Massey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
624-14 Ave So Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April 1945.

J. M. Russell
Notary Public, residing at Nampa Idaho
My commission expires 2-28-45
(Seal)

Signed Agnes N. Massey
(Signature of Any Credible Person Other Than Previous Year)
624-14 Ave So Nampa Idaho
(Street Address, City, State)

NOV 1 8 1966

962.1291032-342

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 30019

Primary Registration District No. 107-2017 Registered No. ____

FULL NAME OF CHILD GUY IRVEN ROBERSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Mar 29, 1915

FATHER		MOTHER	
FULL NAME	Howard Roberson	FULL MAIDEN NAME	Fannie Tubbs
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2 20a M. on the date above stated.

(Signature) John F. Schmenstall

(Physician or Midwife)

Address Jerome

Filed May 19 1915 E. D. Pope Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 30019

AUG 14 1943

Date Filed Jan. 17th 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Guy Irven Roberson (NAME ON ORIGINAL CERTIFICATE) who March 29 (WAS BORN OR DIED) on 1915 (DATE OF EVENT) in Jerome Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Roberson	Guy Irven Roberson

Subscribed and sworn to before me this 17th day of January, 19 42.

Luther D. Mahone

Notary Public, residing at Portland Ore

My commission expires May 5-1945

(SEAL)

Signed L. F. Roberson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3808 N. Vancouver Ave. Portland Or

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January, 19 42.

Notary Public, residing at Portland Oregon

My commission expires May. 5-1945

(SEAL)

Signed Mrs. Fanny Roberson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3806 N. Vancouver Ave. Portland Or

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 17 1943

369-101-032-212

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30020

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter Lorietta

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Apr 1 1915

FATHER		MOTHER	
FULL NAME	Manuel Loriétta	FULL MAIDEN NAME	Felice Bastieta
RESIDENCE	3 mi. N.E. of Jerome	RESIDENCE	3 mi. N.E. of Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M.D.

(Physician or Midwife)

Address Jerome

Given name added from a supplemental report

....., 19.....

Filed May 19 1915 E. D. Pyle

.....
Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693 105 1032-413

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 30022

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD George Frederick Williams

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	Yes	May 5 1915

FATHER		MOTHER	
FULL NAME	Charles E. Williams	FULL MAIDEN NAME	Francis Matney
RESIDENCE	6 mi. N.E. of Jerome	RESIDENCE	6 mi. N. E. of Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pyle M. D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report

..... 19.....

Filed May 15 1915 C. D. Pyle M.D.

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-40

MAY 2 9 1969

not

DuP001915-30499

238-208-032-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 30023

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD Josephine Pauline Schloegel

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan. 8, 1915

FATHER		MOTHER	
FULL NAME	Joseph Schloegel	FULL MAIDEN NAME	Mary Schütz
RESIDENCE	Jerome	RESIDENCE	Hungary
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Meat market proprietor	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmershall

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19__

Address Jerome

Filed May 19 1915 E. D. Pipe

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Marin

RECEIVED
JUN 28 1968

Certificate No. 30023

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Schloegel (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1915 (Date of Event)

in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Josephine Pauline Schloegel

Subscribed and sworn to before me this 23 day of May, 19 66

Notary Public, residing at Kempton

My commission expires January 23, 1968

(Seal)

KEMPTON
NOTARY PUBLIC - CALIFORNIA
MARIN COUNTY

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] San Rafael, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5-9-66. nm

Cert. of Baptism, baptized July 1, 1915, Church of Our Lady of Good Counsel, Mountain Home, Idaho, gives full name as Josephine Pauline Schloegel the daugher fo Joe Schbegel and Mary Schloegel, born Jan. 8, 1915, baptized by Rev. F. L. Lobell (Roman Catholic Church) - viewed by VS.

OCT 18 1968

Photo copy of Child's Birth Certificate, State of California, County of Mendocino, #691 (1934), gives mother's maiden name as Josephine Pauline Schloegel - viewed by VS.

165-122-033-133

[redacted]

I-C—25m-1-1-13

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30024

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. .....

Registered No. .....

FULL NAME OF CHILD Arnold Jasper Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth April (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira B Jones	FULL MAIDEN NAME	Sarah A Allen
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Banquitch Utah	BIRTHPLACE	Escalante Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M Jones
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Victor Idaho

Filed May 1 1915 C. C. Merrington Registrar

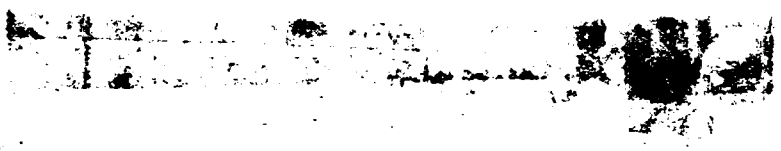
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP OF 1915 D79-388

459-124-041-643

Form V.S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30025

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 7

File No. _____

Primary Registration District No. 2

Registered No. _____

FULL NAME OF CHILD ~~[illegible]~~ Merrill, Jared Wayne

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Apr. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Merrill	FULL MAIDEN NAME	Madia Fullmer
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed May 1 1915 C. Merrington Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 6-20-41

Amended 1-17-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30026
Local Reg. No.
Reg. Dist. No. 77

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Silva
b. (Middle):
c. (Last): Hatch

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 24, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Lamoin
b. (Middle):
c. (Last): Hatch

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Springville, Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle): Agnes
c. (Last): Johnson

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Richmond, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living: 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after ... wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. O. B. Curtis

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 1, 1915

22. REGISTRAR'S SIGNATURE: C. Cherrington

23. DATE ON WHICH GIVEN NAME ADDED BY Registrar:

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 4 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 30026

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vila Ruth Hatch (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1915 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Vila Ruth Hatch	Silva Hatch

Subscribed and sworn to before me this 15 day of December, 1967

Notary Public, residing at Preston, Idaho

My commission expires Nov. 20-1970

(Seal)

Signed Ellar A. Hatch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of December, 1967

Notary Public, residing at Preston Idaho

My commission expires Nov. 20-1970

(Seal)

Signed Perla Harris (Sister)
(Signature of Any Credible Person)

855 West Sublette Pocatello, Idaho
(Street Address, City, State)

CL 8-4-67.

FORM DH 60-155

L.D.S. Church, Certificate of Birth, recorded in Teton Stake, Victor Ward Record of Births and Blessings 1915, gives name as Silva Hatch, born April 24, 1915, at Victor, Madison, Idaho, father, Lamoin Hatch and mother, Ida Johnson. Entered on record June 6, 1915 - viewed by V.S.

Own child's birth certificate, on File Idaho, State File No. 333769, child's name Jay Kent Petterborg, born January 29, 1942, gives full name of mother as Silva Hatch, age 26, born Victor, Idaho - viewed by V.S.

449.103.033-217

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30027

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

File No. .....

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD Baby Murdock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail.		yes.	Apr. 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Henery Murdock.	FULL MAIDEN NAME	Eliza Ellen Bagley
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Charlston Utah	BIRTHPLACE	Charlston Utah
OCCUPATION	farming	OCCUPATION	house Keeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 25 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A B Curtis

Midwife.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 6 1915 Sherrington Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-125-033-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30028

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. .....

Registered No. .....

FULL NAME OF CHILD Milon Hyrum Hatch.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mail.		yes.	March 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Hile Hatch.	FULL MAIDEN NAME	Elizabeth M. Hatch.
RESIDENCE	Victor.	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39. (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Spring Vill Utah	BIRTHPLACE	Elsinore Sever. Co Utah
OCCUPATION	Ranchor.	OCCUPATION	house Keeping

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. O B Curtis

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 7 1915

C. C. Herrington

Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-117-033-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30030

County of Madison

City of Victor

Registration District No. 77 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD James Bold Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 11 1915

FATHER		MOTHER	
FULL NAME	James E. Bold	FULL MAIDEN NAME	Carrie E. Powell
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Denver Colorado	BIRTHPLACE	Strongsburg Nebraska
OCCUPATION	R.R. Brakeman	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Roseman M D

(Physician or midwife)

Address Victor Idaho

Filed May 20 1915

Given names added from a supplemental report.

19

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4-24-1957

PLACE OF BIRTH

--249-117033-795

County of Madison

City of Driggs R. D.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 30031

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Glen Wilson Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 17, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Joseph Ellington Smith	FULL MAIDEN NAME: Veirga May Greene
RESIDENCE: Driggs, R. D.	RESIDENCE: Driggs, R. D.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Salem, Idaho	BIRTHPLACE: Lehi, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

Driggs, R. D. 1, Box 25
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed May 20, 1915 C. Cherrington
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 30031

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hermen Joseph Smith (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1915 (Date of Event)
in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #425484 Marriage License (Bible Record, Insurance Policy, Etc.) prepared on May 29, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Hermen Joseph Smith	Glen Wilson Smith

Church Record Viewed by V. S. Baptised 9-4-1926

Subscribed and sworn to before me this 22 day of April, 1957
Madge M. Bryant
Notary Public, residing at 5852 Adenmoor
My commission expires
(Seal) My Commission Expires March 18, 1960

Signed Verna May Greene
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2350 adams Salem oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1957
Madge M. Bryant
Notary Public, residing at 5852 Adenmoor Lakewood
My commission expires My Commission Expires March 18, 1960
(Seal)

Signed Faye E. Smith
(Signature of Any Credible Person)
6132 Adenmoor ave Lakewood Calif.
(Street Address, City, State)

FORM DPH 55.155 Look up Correspondence! L 4-17-57 3 copies paid

249-109-041-155

PLACE OF BIRTH

County of Orton

City of Driggs

No. ..... St.

Hospital .....

[redacted] OF IDAHO
[redacted]VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

30032

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Harold Jensen Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1	3	yes	May 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clemens Smith	FULL MAIDEN NAME	Sibyl Jensen
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs - I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Preston - Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 3/6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Jacoby

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed May 2 5-21-15 Cherrington

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-107-041-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30033

County of Teton

City of Driggs

No. ..... *St.*

Hospital .....

Registration District No. 77 **File No.** .....

Primary Registration District No. 2176 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1	6	yes	May 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. G. Barton	FULL MAIDEN NAME	Ruth Fenn
RESIDENCE	Driggs - Idaho	RESIDENCE	Driggs - I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	mail carrier	OCCUPATION	H. wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30/A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs - Idaho

Filed May 20 1915 C. Herrington Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-201-041-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77

Primary Registration District No. 2176

File No. 30034

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		3	yes	May (Month) 1 (Day) 19[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James N. Jeppesen	FULL MAIDEN NAME	Laura Sorensen
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Hwyfe

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 20 19[illegible]

Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-285515

231-204-042-214

PLACE OF BIRTH

[redacted] IDAHO

Form V. S. No. 11-C—15m-6-20-11

Statistics

CE[redacted] OF BIRTH

County of Twin Falls

City of

No. 6 m West 2¼ South St.

Hospital

Registration District No. 37

File No. 30035

Primary Registration District No. 2095

Registered No.

FULL NAME OF CHILD Florence Pauline Slatter

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	4 (Month), 4 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Schlatter Slatter	FULL MAIDEN NAME	Edna S. Kaufman
RESIDENCE	6 m W. 2¼ S. of Twin Falls	RESIDENCE	6 m. W. 2¼ S. Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Seward County, Neb.	BIRTHPLACE	Miami County, Ind.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer, D. O.

Twin Falls, Idaho (Physician or Midwife)

Given names added from a supplemental report

Address Twin Falls

..... 19.....

Filed 4-15 1915 John W. Cougher Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JAN 28 1971

DEC 16 1953

819-210-042-713

PLACE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 37 File No. 30036

No. ..... St. Primary Registration District No. 2085

Hospital ..... Registered No. .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Laura Elmeda Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 10 1915

FATHER		MOTHER	
FULL NAME	Marion E. Harper	FULL MAIDEN NAME	Flora May Patt
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 20 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed April 10 19 15 Johnnie Douglas Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-221-042-396

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 1 m. N. 1 m. W. Currey

No. ....., ... St.

Hospital .....

Registration District No. 37

File No. 30037

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD ELEANOR LOUISE WHITNEY

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	4 (Month), 21 (Day), 1915 (Year)

FATHER	MOTHER
FULL NAME: Samuel Chas. Whitney	FULL MAIDEN NAME: Lessie M. Crow
RESIDENCE: 1 m. North, 1 m. West of Currey	RESIDENCE: 1 m. N. 1 m. W. of Currey
COLOR: white; AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: white; AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Fullerton, Neb.	BIRTHPLACE: Sauk Center, Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer, S.O.

Twin Falls, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Twin Falls

Filed April 30 1915 Robert Brighton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 13 1950

681-123-042-368

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30038

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital ____

Registration District No. 37

Primary Registration District No. 2085

File No. ____

Registered No. ____

FULL NAME OF CHILD Delmer Wright Wyatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 23 1915

FATHER		MOTHER	
FULL NAME	Charles E. Wyatt	FULL MAIDEN NAME	Nettie Lohoff
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls, Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	____

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed April 30 1915 Johnson Coughlin Registrar

CT CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-10-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. APR 20 9 39 AM '73 Certificate No. 30038

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wyatt (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)

in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Delmer Wright Wyatt

Subscribed and sworn to before me this 16 day of [illegible], 19 73

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of [illegible], 19 [illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed David B. Badmacher

(Signature of Any Credible Person)

341 N. E. Lincoln Hillsboro Oregon

(Street Address, City, State)

FORM DH 60-155 CL (W)

Social Security Act (541-07-0725) gives name as Delmer Wright Wyatt. dated 12/29/36. Viewed by V. S.

JUL 16 1973

Own child's birth certificate on file in Oregon Fiel No. 868 gives child's name as Michael Jay Wyatt born Jan. 54, 1946. Father's name given as Delmer Wright Wyatt and Mother's name as Margaret Bailey. copy dated March 15, 1946. Viewed by V. S.

132-203-042-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30039

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Martha Evelyn Atkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	April 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Atkin	FULL MAIDEN NAME	Louise Carr
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed April 10 1915 John D. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 19[illegible]

254-104-042-962 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH [redacted] CS

County of Twin F[redacted]

City of " "

No. 450 Togo St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 30040

Registered No.

FULL NAME OF CHILD Robert Henry Bemiller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theo. C. Bemiller	FULL MAIDEN NAME	Almeda Roberts
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Tennessee
OCCUPATION	Painter	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.40 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed April 10 1915 Johnson Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 27, 1940. E.W.

JAN 29 1943

DEC 7 -

234-210-042-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30041

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls,

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Betty Margaret Blue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hal G. Blue	FULL MAIDEN NAME	Georgia G. Baker
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Supt. Public Schools	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1048 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19....

Filed April 10 1915 John B. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-218-042-493

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 602 4th Ave. E. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1065

30042

File No.

Registered No.

FULL NAME OF CHILD Janice Audrey Ceresa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 18 1915

FATHER		MOTHER	
FULL NAME	Jesse E. Ceresa	FULL MAIDEN NAME	Lelah M. Miles
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Grocer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho.

Filed April 25 1915 Johnson Coughlin
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 0 1944

Amended 4-21-64 (Be sure the information is complete and accurate)

State File No. 30043

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 37

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Annie
b. (Middle): Velma
c. (Last): Arrington

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 3, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Jacob
b. (Middle): F.
c. (Last): Arrington

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Reed Hill, Cocke Co, Tenn,

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle): M.
c. (Last): Shields

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Taylor, Williamson Co., Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mrs. M. A. Swenson

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho - RFD #3

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE: J. F. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

I.D.S. Cert. of Baptism & Confirmation, May 27, 1923 gives name as Annie Velma Arrington - viewed by V.S. Southern Idaho College of Education Albion, Idaho, 1934-1936 gives name as Annie Velma Arrington, born May 3, 1915 - viewed by V.S.

RECEIVED
JUN 23 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Arrington (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism Record (Bible Record, Insurance Policy, Etc.) prepared on May 26th 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Annie Velma Arrington
Birthdate	April 23, 1915	May 3, 1915

Subscribed and sworn to before me this 26th day of June, 1957

Notary Public, residing at Twin Falls, Idaho
My commission expires 4-8-58
(Seal)

Signed Jacob F. Arrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

119 Tyler, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June, 1957

Notary Public, residing at Twin Falls, Idaho
My commission expires 4-8-58
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DPH 55.155

Patriarchal Blessing, dated Oct. 9, 1932, given to Velma Arrington, born May 3, 1915 at Twin Falls, Idaho to Jacob F. Arrington and Annie M. Shields - blessing given by Judson I. Tolman at Murtaugh, Idaho - viewed by V.S.

162-225-042-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30044

County of Twin Falls

City of Twin Falls

No. 320, 8th Ave E.

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Esther Mary Joslyn

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	4, 25, 1915

FATHER		MOTHER	
FULL NAME	Irving Edwin Joslyn	FULL MAIDEN NAME	Florence Alberta Stockley
RESIDENCE	320 8th Ave E.	RESIDENCE	320 8th Ave E.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Barton, Vt.	BIRTHPLACE	Pipetsone County, Minn.
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer, D.O.

Twin Falls, Idaho (Physician or Midwife)

Given names added from a supplemental report

Address Twin Falls

..... 19.....

Filed 4-30 1915 Johnst Coughlin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MAY 27 1948

142-228-042-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 207 7th Ave N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 30045

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Cornelia Burton Amsbary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Burr Amsbary	FULL MAIDEN NAME	Cornelia Burton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed May 6 1915 John K Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-24-014-756

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF [redacted]
BUREAU OF VIT[redacted]CS

CERTIFICATE OF BIRTH

30046

County of Owyhee

City of Payette

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 25

Hospital

FULL NAME OF CHILD Eunice Kathleen Clark

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	4	Yes	4-24-1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Record Clark	FULL MAIDEN NAME Edith George
RESIDENCE Payette Idg	RESIDENCE Payette Idaho
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Siloam Springs Ark	BIRTHPLACE Siloam Spgs Ark
OCCUPATION Plumber	OCCUPATION Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 7 1915 J. C. Woodward

Registrar

S-Y CO. 24655

APR 27 1942

[redacted]

JAN 5 1971

261-104-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30047

County of Canyon

City of Payette

No. 421 N Seventh St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 26

FULL NAME OF CHILD Fred William Swank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 4 1915

FATHER	MOTHER
FULL NAME Fred Swank	FULL MAIDEN NAME Hattie Harris
RESIDENCE Deceased	RESIDENCE
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Montana
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed May 7 1915 J. C. Woodward

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1962

259-225-614-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 30048

Primary Registration District No. 1008 Registered No. 27

FULL NAME OF CHILD Charlotte Berrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		0	yes	Apr 25 1915

FATHER		MOTHER	
FULL NAME	J Waldon Berrey	FULL MAIDEN NAME	Florence Ward
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Virg.	BIRTHPLACE	Ill.
OCCUPATION	Commission	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys.
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report

..... 19.....

Filed 5/12 1915 J C Woodward
Registrar

..... Registrar

B-Y CO. 20174

OCT 25 2006

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rtment of Commerce
au of the Census

(Be sure the information is complete and accurate)

NOV 3 - 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in the
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... y
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)
3. **RESIDENCE OF FATHER** (city, state) Payette, Id

FULL NAME OF CHILD Charlotte Berrey

5. Date of Birth (Month, day, year) 4/25/1915

Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

FULL NAME J.Weldon Berrey

Color or Race White

12. Age at time of THIS birth 46 yrs.

Birthplace Graves Mill Virginia
(City or Town) (State or foreign country)

Exact Occupation Poultry Merchant

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence H Ward ~~Florence H Berrey~~

17. Color or Race White

18. Age at time of THIS birth 41 yr

19. Birthplace Quincy, Ill
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 3 (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M. on the da
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Florence Berrey, who
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

NOV 3 1941

(a) ..... (b) .....
(Date received) (Registrar's signature)

Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.
Payette, Idaho (D.O., Midwife, et
and address ..... Date 11/1/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu reinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of th nding physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particular: uired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the da rth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, n ouseholder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or privat itutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth ha curred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatu ake a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval tha ays after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacte

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that ose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other p harged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to roper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a emeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

a) Pregnancy: Complications of.....

.....

.....

b) Labor: Complications: .....

.....

..... Induced?.....

.....

c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deliv

.....

(4) Signature of Physician:

.....

493.103.01 K-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30049

County of Canyon

City of Near Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 28

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 3 1913

FATHER		MOTHER	
FULL NAME	Ernest Millegan	FULL MAIDEN NAME	Nora Wilburn
RESIDENCE	Near Payette Ida	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

Phy.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/12 1913 J. C. Woodward
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Duplicate 15.399463

819-212 · 014-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30050

County of Canyon

City of near Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 29

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 12 1913

FATHER		MOTHER	
FULL NAME	Edward E Harris	FULL MAIDEN NAME	Ella Cooper
RESIDENCE	near Payette Ida	RESIDENCE	with husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	MO.	BIRTHPLACE	Ida —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward Phy

(Physician or midwife)

Address Payette Ida —

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/12 1913 J. C. Woodward Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

815-17-014-861

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 30051

Primary Registration District No. 1008 Registered No. 30

FULL NAME OF CHILD Ephraim Laural Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 17, 1915

FATHER		MOTHER	
FULL NAME	Ephraim W Hansen	FULL MAIDEN NAME	Mary L Hoagland
RESIDENCE	Falk Idaho	RESIDENCE	Falk Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Hagerman Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.15 P.M. on the date above stated.

(Signature) Sarah E Hoagland

Midwife (Physician or Midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed May 22 1915 J C Woodward Registrar

S-Y CO., 16669

695-110-04-349

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-1-1-13

STICS

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. 30052

Registered No. 31

FULL NAME OF CHILD Harold Leslie Wines

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	5th	Yes	May (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Wines	FULL MAIDEN NAME	Eda Turner
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Elks Nev.	BIRTHPLACE	Clarinda Iowa
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2,30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) J. E. Crouch M.D.

Physician

(Physician or midwife)

Address Payette Idaho

Filed May 22 1915 J. C. Woodward

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/6/41 L. B.

962-220-001-685

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]

No. 11-C—25m-1-1-13

CERTIFICATE OF BI[redacted]

County of Ada

City of Boise

Registration District No. 8

File No. 30053

No. 5 1/2 miles west of Boise on bench

Primary Registration District No. 2004

Registered No. 13

Hospital

FULL NAME OF CHILD Ruth Roberts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Apr 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm E. Roberts	FULL MAIDEN NAME	Mabel A. Wheeler
RESIDENCE	5 1/2 miles west of Boise on Bench	RESIDENCE	5 1/2 mi. west of Boise on bench
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born [illegible] at 11:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bldg.

Filed 4-26 1915 M S Parker
Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 19

FEB 15 1943

FEB 17 1943

413.122.001-113

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30054

County of Ada

City of

No. Franklin School Dis.

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 14

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Apr 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A Matheson	FULL MAIDEN NAME	Myrtle Jackson
RESIDENCE	Franklin Shool District	RESIDENCE	Franklin School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9.15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 5/26 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-242738

219-129-001-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No. Mar Ivy Wild Sta St.

Hospital

Registration District No. 8 File No. 30055

Primary Registration District No. 2004 Registered No. 15

FULL NAME OF CHILD William Ernest Barrickman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 29th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. N. Barrickman	FULL MAIDEN NAME	Mary L. Hardy
RESIDENCE	So. Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 5/30 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/1/41 rmf

319-104-001-553

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30056

County of Ada

City of Boise

No. 1410 N 11 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 92

FULL NAME OF CHILD Melvin Wilber Caron

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	/		/	yes	Am. 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. J. Caron	FULL MAIDEN NAME	Anna Velourney
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Boise Idaho
OCCUPATION	Waiter in Hotel.	OCCUPATION	Ill

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 4th 1915 at 10:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4 Jan 1915

M. B. Parker
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

113-129.001-557

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 735 N. S ave

Hospital

Registration District No. 2

File No. 30057

Primary Registration District No. 1004

Registered No. 93

FULL NAME OF CHILD Ellwyn Joseph Lindsey Jacob

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	4 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Jacob	FULL MAIDEN NAME	Ottie Engelman
RESIDENCE	Smiths Prairie	RESIDENCE	Smiths Prairie
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Rancher

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pullinger
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed 4/30 1915 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

11/19/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 29 5 05 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30057

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jacobs (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jacobs	Ellwyn Joseph Lindsey Jacobs

Subscribed and sworn to before me this 29th day of November, 19 76

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Order to Report for Induction issued by the President of the United Statee to Ellwyn Joseph Lindsey Jacobs Order # 317 issued May 26, 1945.
Frances Burkett, Member or clerk of the local Board.
Viewed by V.S.

Marriage License and Certificate # 11597 issued by Ada County, Idaho Stephen Utter, Ex-Officio Recorder. Rev. A. D. Hurt married Ellwyn Joseph Lindsey Jacobs and Virginia Rae Jaggers July 1, 1937.
Viewed by V.S.

251-104-001-

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BI[redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1609 Ressiguie St.

Hospital

Registration District No. 2 File No. 30058

Primary Registration District No. 1004 Registered No. 94

FULL NAME OF CHILD Robert J. Beamgard

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	April (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank A Beamgard	FULL MAIDEN NAME	Marie Lee
RESIDENCE	1609 Ressiguie St	RESIDENCE	1609 Ressiguie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Salesman (Auto)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 40 A. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bure

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 206-7 Yates Bldg Boise Ida

Filed 4/5 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 14 1942

AFFIDAVIT OF IDENTITY.

STATE OF IDAHO,)
) ss.
COUNTY OF ADA,)

Marie Lee Keyser, being first duly sworn on oath deposes and says:

That she is the mother of Robert J. Beamgard, whose birth is registered in the Bureau of Vital Statistics of the State of Idaho, under Certificate No. 30058; that said Robert J. Beamgard was born April 4, 1915 in Ada County, Idaho; that on April 15, 1932 I married S. L. Keyser at Boise, Idaho, and since that date the said Robert J. Beamgard has gone by the name of Robert J. Keyser; and that the two named are one and the same identical person.

Marie Lee Keyser

Subscribed and sworn to before me this 13th day of January, 1942.

W. H. Davison
Notary Public for Idaho.
Residing at Boise, Idaho.

613-230-00-362

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30059

County of Ada

City of Boise

No. 124 E. Jeff St.

Hospital St. Lukes

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 95

FULL NAME OF CHILD ~~[illegible]~~ JAMIE ATHELENE Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes.	Mar (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James H. Watson	FULL MAIDEN NAME	Letha Cobbs.
RESIDENCE	124 E Jeff.	RESIDENCE	124 E Jeff
COLOR	Colored	COLOR	colored
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kas.
OCCUPATION	Janitor	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 3a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician [redacted])

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 4/5 1915 [illegible]

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of STATE OF CALIFORNIA } ss. Certificate No. 30059

County of CITY AND COUNTY OF SAN FRANCISCO } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Della Pringle (Name on Original Certificate) who Born (Was Born or Died) on March 30, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Della Pringle	Jamie Athelene Watson

Subscribed and sworn to before me this 22nd day of Aug. 1944

Vera G. Lourakis

Notary Public, residing at [illegible]

My commission expires

(Seal) My Commission Expires January 3, 1947

Signed Mrs. Letha A. Watson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2819 Laguna

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of STATE OF CALIFORNIA } ss.

County of CITY AND COUNTY OF SAN FRANCISCO }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of Aug. 1944

Vera G. Lourakis

Notary Public, residing at [illegible]

My commission expires

(Seal) My Commission Expires [illegible]

Signed Mrs Elenor Raymond

(Signature of Any Credible Person Other Than Previous Year)

3037 Pine St. City

(Street Address, City, State)

San Francisco Calif

AUG 26 1946

957-202-001-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30060

County of Ada

City of Boise

No. 1009 Warm Springs St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 96

FULL NAME OF CHILD Kathlyn Flavin Regan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 2 1915

FATHER		MOTHER	
FULL NAME	William Valentine Regan	FULL MAIDEN NAME	Mollie Merle
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Silver City, Idaho.	BIRTHPLACE	San Francisco, Calif.
OCCUPATION	Business Man	OCCUPATION	HWork

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5.45A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falls
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 4/ 19 15

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

BLACK OF BIRTH

962-102-001-366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30061

County of Ada

City of Boise

No. Reclamation St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 97

FULL NAME OF CHILD Darrel J. Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 2 1915

FATHER		MOTHER	
FULL NAME	W. W. Roberts	FULL MAIDEN NAME	Lenora Cooper
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Mo
OCCUPATION	Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingell

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boalh Bldg

Registrar

Filed 4/4 1915 [signature] Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 20061

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Unnamed Roberts (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on April 2-1915 (DATE OF EVENT)
in Boise Ada (PLACE OF EVENT) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Darrel J. Roberts

Subscribed and sworn to before me this 2nd
day of January, 1944

Notary Public, residing at Boise Ada

My commission expires Dec 25-1944
(SEAL)

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

940-231-00436

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]nty of Ada

[illegible] of Boise

No. 613 Idah St.

Registration District No. 2

File No. 30062

Primary Registration District No. 1004

Registered No. 98

Hospital

FULL NAME OF CHILD Elvira Zubizarreta

Sex of Child Fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Pedro Zubizarreta	FULL MAIDEN NAME	Filimena Acorda
RESIDENCE	613 Idaho	RESIDENCE	613 Main St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	2[illegible]5 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Pilling Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Talk Bldg

Filed 4/4 1915

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 15

SEP 9

366.213.00.259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital N. Alphonsus

Registration District No. 2

File No. 30063

Primary Registration District No. 1004

Registered No. 99

FULL NAME OF CHILD Margaret Mabel Coonan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	May 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T Coonan	FULL MAIDEN NAME	Ellen May Keizer
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30 yr.	AGE AT LAST BIRTHDAY (Years)	20 yr.
BIRTHPLACE	N. York City.	BIRTHPLACE	Oregon
OCCUPATION	Mounted Caretaker at Barracks	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4/4 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

DEC 5 1967

MAY 20 1942

294-124100-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30064

County of Ada

City of Boise

No. 2030 Harrison Blvd.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 100

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	Mar (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hans C. Simonsen	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	2030 Harrison Blvd.	RESIDENCE	2030 Harrison Blvd.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was ..... at 1.30 a M on the date above stated.

(~~[illegible]~~ stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 4/4 1915 [signature]

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-205-001-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30065

County of Ada.

City of Boise

No. ..... St.

Hospital St Lukes.

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 101

FULL NAME OF CHILD Dorothy Margaret Vernon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		yes.	Apr (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. L. Vernon	FULL MAIDEN NAME	~~Jessie~~ JUNE Hull
RESIDENCE	Arrow Rock	RESIDENCE	Arrow Rock.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Ida.
OCCUPATION	Clerk.	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was ..... at 12.10 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 4/[illegible] 1915 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida } ss.
County of Ada

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Dorothy (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)

Subscribed and sworn to before me this 19
day of June, 1942
Notary Public, residing at Notary Public
My commission expires Residence Boise, Idaho
(Seal) My commission expires Jan. 24 1945

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Colonial Apts. Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of June, 1942
Notary Public, residing at Notary Public
My commission expires Residence Boise, Idaho
(Seal) My commission expires Jan. 24 1945

Signed
(Signature of Any Credible Person Other Than Previous Year)
Colonial Apts. Nampa Idaho
(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 300 65

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Dorothy Margaret Vernon

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed -Ann Bard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

231-230-001-962

PLACE OF BIRTH

Form V. S. No. 11-C—35m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30086

County of Ada

City of Boise

Registration District No. 2 File No.

No. 1210 N. 22nd St. Primary Registration District No. 1004 Registered No. 102

Hospital

FULL NAME OF CHILD Marie Stanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	9 — 30 — 191 4

FATHER		MOTHER	
FULL NAME	Benjamin B. Stanger	FULL MAIDEN NAME	Iris Rosenbrook
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Missouri
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice N. Tallman, M.M.W.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 4/6 1915

Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-107-001-381

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 704 Franklin

Hospital

Registration District No. 2

File No. 30067

Primary Registration District No. 1004

Registered No. 103

FULL NAME OF CHILD Bill Raymond Kaiser

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M		yes.	Apr. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herman Kaiser	FULL MAIDEN NAME	Mamie Champion
RESIDENCE	704 Franklin	RESIDENCE	704 Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	California	BIRTHPLACE	England
OCCUPATION	Manager of theater	OCCUPATION	House wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... at 4.45 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 4/8 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

949-206-001-789

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 104 S 17 St.

Hospital

Registration District No. 2 File No. 30068

Primary Registration District No. 1004 Registered No. 104

FULL NAME OF CHILD Gladys Henrietta Zurcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes.	Apr. 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Zurcher	FULL MAIDEN NAME	Grace Phillips
RESIDENCE	104 S 17	RESIDENCE	104 S 17
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Neb
OCCUPATION	Merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 4/8 1915 [illegible]

Registrar Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1967

10-5-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 23 1967 Bureau of Vital Statistics

State of Oregon } ss. Certificate No. 30068

County of Malheur } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Zurcher (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed to Gladys Henrietta	Zurcher

Subscribed and sworn to before me this 10th day of October, 1967

[signature]

Notary Public, residing at Ontario, Oregon

My commission expires 10-24-70

(Seal)

Signed Gladys Henrietta Zurcher

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Malheur }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1967

[signature]

Notary Public, residing at Ontario, Oregon

My commission expires 10-24-70

(Seal)

Signed Tom C. Abrahamson

(Signature of Any Credible Person)

1321 Franklin Boise, Idaho

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate issued by state of Oregon County of Multnomah gives mothers name as Gladys Henrietta Zurcher. Child Jan 16, 1949.
Certificate # 49-1743.
Viewed by V. S.
Acacia Mutual Life Ins. Co. Policy gives name as Gladys Henrietta Sargent
Policy issued Oct. 18, 1949.
Viewed by V. S.

553-211-001-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 1014 N 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 30069

Primary Registration District No. 1004 Registered No. 105

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Apr (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. F. Nelson	FULL MAIDEN NAME	Alice Fraua
RESIDENCE	Blacks Creek	RESIDENCE	Blacks Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 4-20 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF
AUG 1

439-213-001-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1125 Lee St.

Hospital

Registration District No. 2

File No. 3007

Primary Registration District No. 1004

Registered No. 106

FULL NAME OF CHILD Florence Vivian McIlwee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 - 13 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	John McIlwee	FULL MAIDEN NAME	Pansy Ferguson
RESIDENCE	Cornucopia, Oregon	RESIDENCE	Cornucopia, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4-20 1915 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

136-218 001-552

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30071

County of Ada

City of Boise

Cor. 1st + Bannock

Hospital St. Luke's

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 107

FULL NAME OF CHILD Fay Marguerite Atwater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Febry 18 1915

FATHER		MOTHER	
FULL NAME	Edward Francis Atwater	FULL MAIDEN NAME	Fay Gwendolyn Nesbitt
RESIDENCE	Meridian, Ida.	RESIDENCE	Meridian, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Decatur, Nebr.	BIRTHPLACE	Boise, Ida.
OCCUPATION	apiarist	OCCUPATION	Housewife.

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 4/9 1915

[signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1967
MAY 2 1967
OCT 24 1972
MAR 18 1975

191-123:001-191

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 629 Fourth Street

Hospital

Form V. S. No. 11-C—25m—1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30072

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 108

FULL NAME OF CHILD Antonia Marcelina Arana

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		—	Yes	March 29 1914

FATHER	MOTHER
FULL NAME Marcelino Arana	FULL MAIDEN NAME Maria Arana
RESIDENCE 629 Fourth Street	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Baker	OCCUPATION Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

(Signature)

(Physician or midwife)

Address

Filed 4/9 1915

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y CO. 24685

165-216-001-763

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30073

County of Ada

City of Boise

No. 1316 Ellis St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 109

FULL NAME OF CHILD Dorothy Lucile Jones

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	\	\	yes	Apr. 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther W. Jones	FULL MAIDEN NAME	Ruby M. Potter
RESIDENCE	1316 Ellis Avenue	RESIDENCE	1316 Ellis Avenue
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Street Car Conductor	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:55 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed 4/9 1916 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 23 1966

366-116-001-842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 30074

Primary Registration District No. 1004 Registered No. 110

FULL NAME OF CHILD John Warren Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	\		\	yes	Apr. 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm C. Cooper	FULL MAIDEN NAME	Mary Huska
RESIDENCE	Centerville, Idaho.	RESIDENCE	Centerville, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Date alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Kirby

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed 4/17 1915 [signature] Registrar

Registrar

S-Y CO. 24655

JAN 6 1976

522-127-001-522

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-28-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2700 Fairview St.

Registration District No. 2

File No. 30075

Primary Registration District No. 1004

Registered No. 111

Hospital

FULL NAME OF CHILD Orrin Ekstrand

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
male	single	eight	yes	April (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nels S Ekstrand	FULL MAIDEN NAME	Clara L Ekstrand
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Pennsylvania, U.S.A.
OCCUPATION	teamster	OCCUPATION	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Morris, D.O.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address.....

Filed 4-28 1915 [signature]

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

D

554103-001-929

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 30076

Primary Registration District No. 1004

Registered No. 112

FULL NAME OF CHILD Alfred Pasco Neuman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	April 3 1915

FATHER		MOTHER	
FULL NAME	Pasco Neuman	FULL MAIDEN NAME	Mary Zbrus
RESIDENCE	1118 Lee St Boise	RESIDENCE	1118 Lee St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Europe - Romania	BIRTHPLACE	Austria
OCCUPATION	Wholesale Liquor dealer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4/30 1916

Registrar

S-Y CO. 24655

Registrar

FEB 9 1961

[illegible] 26 1946

235-111-001-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30077

County of Ada

City of Boise

No ....., ... St.

Registration District No 9 File No .....

Hospital St. Lukes Primary Registration District No 104 Registered No. 113

FULL NAME OF CHILD James Tracy Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	\	\	yes	Apr. 11, 1915

FATHER	MOTHER
FULL NAME F. H. Stevenson	FULL MAIDEN NAME Edna A. Barnes
RESIDENCE 1226 E. Jeff.	RESIDENCE 1226 E. Jeff.
COLOR white	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Kansas City, Kans.	COLOR white
OCCUPATION Creamery Owner	AGE AT LAST BIRTHDAY 30 (Years)
	BIRTHPLACE Penn.
	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Peters

Physician (Physician or Midwife)

Address 315 Overland Bldg.

Given names added from a supplemental report

....., 19.....

Filed 4/30 1915

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

APR 15 1942

653-207-09-455

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30078

County of Ada

City of Boise

No. 912 Jeff St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 114

FULL NAME OF CHILD Lillian May Welch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	4 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Welch	Mary Meek
RESIDENCE	Boise Ida	Boise Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Utah	Wyo
OCCUPATION	Laborer	Hsd.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Calloway

Physician

(Physician or midwife)

Boise Idaho

Address

Given names added from a supplemental report

19

Registrar

Filed 4-20 1915 M S Parker

Registrar

8-Y CO. 20178

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1969

199-127-001-199

PLACE OF BIRTH

BUREA[redacted]

1-6—25m-1-1-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 217½ So 9th St.

Hospital

Registration District No. 9

File No. 30079

Primary Registration District No. 1004

Registered No. 115

FULL NAME OF CHILD Frank arrego

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 27 1915

FATHER		MOTHER	
FULL NAME	Benito arrego	FULL MAIDEN NAME	Inego Arrengtonia
RESIDENCE	217½ So 9th	RESIDENCE	217½ So 9th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pillenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed 4/3 Jan 1916 [signature]

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-110-001-673

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 513 - 512 St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 30080

Registered No. 116

FULL NAME OF CHILD Ora Travis Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ora Travis Barnes	FULL MAIDEN NAME	Olive Ogle
RESIDENCE	513 S 12th St	RESIDENCE	513-S 12th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Elka	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12-10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 824 Franklin St

Filed 4/30 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-123.001-281

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30081

County of Ada

City of Boise

No. 1911 N. 10th St.

Hospital

Registration District No. 9

File No.

Primary Registration District No. 1004

Registered No. 117

FULL NAME OF CHILD Harry Dale Du Ros

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	4 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry A Du Ros	FULL MAIDEN NAME	Jennie L. Sharpe
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich	BIRTHPLACE	Colo.
OCCUPATION	Butcher	OCCUPATION	Hu

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 4/30 1915 [illegible]

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915-15455

239-125-001-718

PLACE OF ~~BIRTH~~

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30082

County of Ada

City of Boise

No. 1408 N 6th St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 118

FULL NAME OF CHILD HARRY EVERETT KLINGENSMITH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	4 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. B. Klingensmith	FULL MAIDEN NAME	Agnes A. Pryor
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Purchasing Agt.	OCCUPATION	Hw.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

19

Registrar

Filed 4/30 1915 [signature] Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 30082

Date Filed April

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who (was born) (WAS BORN OR DIED) on April 25, 1942 (DATE OF EVENT) in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Harry Everett - Kingsmith

Subscribed and sworn to before me this 13th day of July, 1942.

Notary Public, residing at Boise Idaho.

My commission expires Apr 7, 1946.

(SEAL)

Signed C B Kingsmith

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1508 N 8th Boise Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Ada. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of July, 1942.

Notary Public, residing at Boise Idaho.

My commission expires Apr 7, 1946

(SEAL)

Signed Donald E Gate

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1703 Franklin st Boise Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1942

418-20.00-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30083

County of Ada

City of Boise

No. 1714 North 8th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 119

FULL NAME OF CHILD Melvin Ernest Day

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Nov. 20 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. W. M. Day	FULL MAIDEN NAME	Valena A. Smith
RESIDENCE	1714 No. 8th St.	RESIDENCE	1714 No. 8th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nebraska
OCCUPATION	Real estate Agent	OCCUPATION	housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed 4/30/13 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

796 R 4 00299

PLACE OF BIRTH

Form V. S. No. 11-U-20m-2-15-12

[redacted]

10084

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No.

St Alphonsus

NAME OF CHILD Howard Earl Groesbeck

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	First	Yes	March 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Wade Groesbeck	FULL MAIDEN NAME	Gladys Brickle
RESIDENCE	Boise Ida RFD #4	RESIDENCE	Boise RFD #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Milton Wis	BIRTHPLACE	Urdoa Kansas
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 4/30 1915 [signature]

Registrar

S-Y CO. 20174

[redacted]

2 1942

DEC 17 1963

JAN 17 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

Registration District No. 9 File No.

No. St.

Primary Registration District No. 1004 Registered No.

Hospital ~~St Luke's~~

FULL NAME OF CHILD Lynn Gibson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	1		yes	Mar 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Gibson	FULL MAIDEN NAME	Rosa Logan
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Davis Co. Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4/30 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

SEP 2 0 1973

154-105 007-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

For [redacted] 25m-1-1-13

CERTIFICATE OF BIRTH

30086

County of Ephraim

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 61

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD John Howard (Jack H.) Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Niels Alonzo Anderson	FULL MAIDEN NAME	Anna Maranda
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Springe city, Utah	BIRTHPLACE	Ephraim, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 5/7 1915 E W Fox Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30086

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Anderson (male) (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1915 (Date of Event)

in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Anderson	John Howard Anderson (Jack H.)

Subscribed and sworn to before me this 18th day of October, 1974

[illegible] Cartright

Notary Public, residing at Boise

My commission expires 4-30-78

(Seal)

Signed Nay Anderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 10/7/74

OCT 18 1974

Social Secuity Card gives name as John Howard Anderson, # 540 18 7145
Card issued and signed July 18, 1938. Signed John Howard Anderson
Viewed by V.S.

Discharge issued by the Armed Forces of the U. S. Army of the U.S. gives name as Jack H. Anderson, 19 061 612. Discharge issued January 18, 1946. at Ft. Lewis, Washington. Recorded in the State of Oregon, County of Malheur on Jan. 21, 1952. H. S. Sackett, County Clerk. Birthdate is given as May 5, 1915 in Arco, Idaho.
Viewed by v.S.

Insurance Policy issued by the New York Life Ins. Co. gives name as John H. Anderson born May 5, 1915 in Arco. Beneficaries are listed as parents, Neils Alonzo Anderson and Anna Anderson.
Viewed by V.S.

High School Diploma gives name as Jack H. Anderson. Graduated 1932.

Viewed by V.S.

Insurance Policy also has an attached affidavit stating that Jack H. Anderson and John Howard Anderson are one and the same person.
Viewed by V.S.

955-2241007-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-1-1-18

CERTIFICATE OF BIRTH

30087

Registration District No. 59 File No. 60

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Elda Mary Rees

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female				yes	4 24 1915

FATHER	MOTHER
FULL NAME: William Wiley Rees	FULL MAIDEN NAME: Adelade Matthews
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Brigham, Utah
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Moore, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/27 1915

Registrar

8-Y CO. 24088

155·121·007-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30088

County of Blaine

City of Moore

No. ....., ... St.

Hospital .....

Registration District No. 59 File No. 59

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Wendle Lewis Jensen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 21, 1915

FATHER		MOTHER	
FULL NAME	Andrew Christian Jensen	FULL MAIDEN NAME	Lola Ellener Wilson
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Farmer	BIRTHPLACE	Wilson Utah
OCCUPATION	Brigham city, Utah	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Haney

Nurse (Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Moore, Blaine Co, Idaho

Filed April 26 1915 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395.121-007412

PLACE OF BIRTH

County of Boise

City of Crec.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

30089

Registration District No. 59 File No. 20

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Jay William Clendenin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 21 1914

FATHER		MOTHER	
FULL NAME	William Guy Clendenin	FULL MAIDEN NAME	Hazel Bonnelle Mason
RESIDENCE	Crec	RESIDENCE	Crec.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	New York (State)
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12-5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed April 26 1915

8-Y CO. 24688

Registrar

Registrar

349-109-007-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30090

Registration District No. 59 File No. 59

Primary Registration District No. 2159 Registered No. .....

FULL NAME OF CHILD Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester Curtis	FULL MAIDEN NAME	Francis Kieffer
RESIDENCE	Arco, Idaho	RESIDENCE	Arco - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cache Valley, Utah	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ewfox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 4/9 1915 Ewfox Registrar

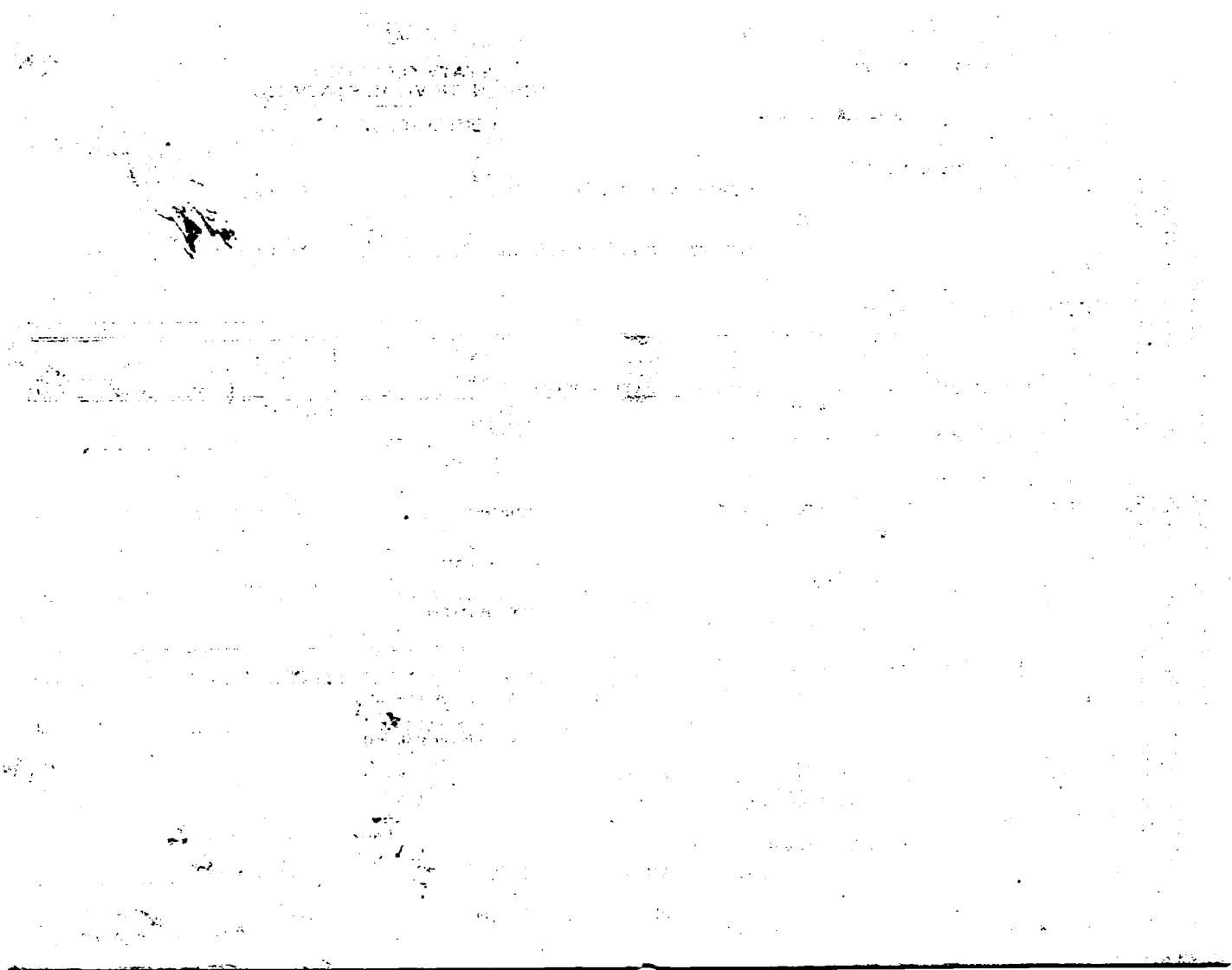
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



817-125-007-5-44

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H.C—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30091

County of Blaine

City of Moore

Registration District No. 29

File No. 70

No. ____, ____ St.

Primary Registration District No. 2139

Registered No. ____

Hospital ____

FULL NAME OF CHILD Lehester Lee Hagedorn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 25, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Fredrick Hagedorn	Amy Almeda Emmons
RESIDENCE	Moore	Moore
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Brock Ohio	Hagerman Ohio
OCCUPATION	Farmer	house wife

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Harvey

Nurse (Physician or Midwife)

Address Moore Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/29 19 2

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

215-124-007-698

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

30092

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blane

City of Moore

No. ....., ... St.

Hospital .....

Registration District No. 59 File No. 56

Primary Registration District No. 2139 Registered No. 55

FULL NAME OF CHILD Eugene Milton Savaria

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar 24, 1915

FATHER		MOTHER	
FULL NAME	Wlysses Milton Savaria	FULL MAIDEN NAME	Lillian May Fry
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Eau Claire, ~~Eauvaire~~ Wis	BIRTHPLACE	Hinson Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Haney

Nurse (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Moore Idaho

Filed 3/29 1915 [signature] Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 27 1942

619-12-007-334

PLACE OF BIRTH

County of Blaine

City of Carey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

30093

CERTIFICATE OF BIRTH

Registration District No. 59 — File No. 54

Primary Registration District No. 2139 — Registered No. _____

FULL NAME OF CHILD Leroy Kent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan. 21 1915

FATHER

FULL NAME: Richard Kent Farnsworth

RESIDENCE: Carey

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Arizona

OCCUPATION: Ranching

MOTHER

FULL MAIDEN NAME: Hallie Mary Isley

RESIDENCE: Carey

COLOR: white — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 — Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1-30 A.M. on the date above stated.

(Signature) Cory E. Brown

Midwife (Physician or midwife)

Address _____

Filed 3/25 19 15

Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1974

155-107-007-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30094

County of Blaine

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59 File No. 78

Primary Registration District No. 239 Registered No. .....

FULL NAME OF CHILD Glen Carrol Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Jensen	FULL MAIDEN NAME	Laura Sorensen
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	College, Utah	BIRTHPLACE	College, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at — M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 8 12 1915 [signature] Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

618-204-007-555

PLACE OF BIRTH

County of Blaine

City of Clyde

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30095

Registration District No. 59 File No. 52

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD VERA Fern Waymire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 4 1915

FATHER		MOTHER	
FULL NAME	Fred Floyd Waymire	FULL MAIDEN NAME	Alma Needham
RESIDENCE	Clyde, Idaho	RESIDENCE	Clyde, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pineville Oregon	BIRTHPLACE	Tahfax, Wash
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at — M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss J. Waymire

Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Clyde, Idaho

Filed 3/30 1915 E. W. Fox Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 30095

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Fern Waymire	Vera Fern Waymire
		I am mother of child.

Subscribed and sworn to before me this 16
day of February, 19
W. L. LaFollette
Notary Public, residing at Colfax, Wash.
My commission expires Sept. 15, 1944.
(Seal)

Signed Mrs F. F Waymire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Colfax, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of February, 19 42
W. L. LaFollette
Notary Public, residing at Colfax, Wash
My commission expires Sept. 15, 1944,
(Seal)

Signed F. F. Waymire.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-202-007-819

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF [redacted] 30096

County of Blaine

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. 51

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Gates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 / 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Wm Gates	FULL MAIDEN NAME	Eva Evangeline Harbmers
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Davidson, Neb	BIRTHPLACE	McKamm, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 3/12 1915 [signature] Registrar

Registrar

S-Y CO. 24658

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 7 1968

346-2012 1940-155
Amended 8-23-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30097
Local Reg. No. 106
Reg. Dist. No. 73

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lorenzo

d. STREET ADDRESS (If rural, give location): R. D. 2

3. CHILD'S NAME (Type or print)

a. (First): Orpha

b. (Middle): Luella

c. (Last): Cropus

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 12, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Ferdinand

b. (Middle):

c. (Last): Cropus

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): France

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Harriet

b. (Middle):

c. (Last): Jensen

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Josephine H. Newman

18. ATTENDANT AT BIRTH — M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho - RD 2, Box 58

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 20, 1915

22. REGISTRAR'S SIGNATURE: W. Kinniard

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K

A BLACK record typewriter ribbon must be used in completing this certificate. Address in the district where the birth occurred WITHIN 10 days after the date of birth of the child.
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30097

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cropas (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1915 (Date of Event)
in Bonneville County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Orpha Luella Cropus
Father's Last Name	Cropas	Cropus
Full Maiden Name of Mother	Hattie Jensin Harriet	Harriet Jensen

Subscribed and sworn to before me this 14 day of ....., 19 66

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 7-13-66. one copy pd. rec. #9592.

Father's Death Cert. on file: (Idaho Death) #61-1111 gives full name as Ferdinand Cropus, died March 25, 1961 at Rigby, Idaho - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #63-1245 gives full name as Harriet Eliza Cropus, died March 25, 1963 at Rigby, Idaho, father's name is given as Anders Jensen - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #282563 gives full maiden name of mother as Orpha Luella Cropus - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #351089 gives full name ofparents as Ferdinand Cropus and Harriet E. Jensen - viewed by V.S.

L.D.S. Church Cert. of Baptism, June 30, 1923 gives full name as Orpha Luella Cropus, born May 12, 1915 at Ririe, Idaho to Ferdinand Cropus and Harriet E. Jensen - viewed by V.S. duplicate copy, signed by Raymond Hill, Bishop -

359-230-010-652

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. St.

Hospital

Registration District No. 73

Primary Registration District No. 210-0

File No. 3009

Registered No. 1 a

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar (Month) 30 (Day)

FATHER		MOTHER	
FULL NAME	John Harold Terry	FULL MAIDEN NAME	Lizzie Viola West
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H Newman

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Rigby RD2 Box 58

Filed May 20 1915 [signature] Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1915 -
Dup of 359981

942-226-010-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bareville

City of Lake view

No. _____ St.

Hospital _____

Registration District No. 73 File No. 30099

Primary Registration District No. 2103 Registered No. 107

FULL NAME OF CHILD Ruth Ella Russel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Apr 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W Russel	FULL MAIDEN NAME	Ruth C Covert
RESIDENCE	Lake view	RESIDENCE	Lake view
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	washington Co	BIRTHPLACE	Price utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apl 26 at 5,20 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Dana Bareville Co Idaho

Filed May 19 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1976

462-217-010-865

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30100

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 100

FULL NAME OF CHILD Wanda Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Apr 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph C Moss	FULL MAIDEN NAME	Clara L. Morman
RESIDENCE	Iona Ida	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lake Point Utah	BIRTHPLACE	Kele Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr 17, at 3:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rawberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Bonneville Co Idaho

Filed May 19 1915 [signature]
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1970

213-120-010-275

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Bonneville

Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30101

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 109

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	May 20 1915

FATHER		MOTHER	
FULL NAME	E. W. Bate	FULL MAIDEN NAME	Rachel Spendlove
RESIDENCE	Idaho Falls	RESIDENCE	I. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bor alive (Born alive or stillborn) at 6 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 20 1915 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the n of each, in order of birth stated.

612-105-010-449

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30102

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 72 File No. .....

Primary Registration District No. 2150 Registered No. 110

FULL NAME OF CHILD Keith Muir Wakeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	4th	Yes	May 5 1915

FATHER		MOTHER	
FULL NAME	Erick Wakeman	FULL MAIDEN NAME	Bulah Muir
RESIDENCE	Idaho Falls Id	RESIDENCE	I.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweeden	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed May 20 1915 [signature] Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1958

595-109-010-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 30103

No. ..... St.

Primary Registration District No. 2100 Registered No. 41

Hospital .....

FULL NAME OF CHILD Chas Burton Eien (Eien)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	May 8 1915

FATHER		MOTHER	
FULL NAME	A B Eien (Eien)	FULL MAIDEN NAME	Alice Johnson
RESIDENCE	Idaho Falls	RESIDENCE	I. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 20 1915 W. Cummond Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

617-105-010-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30104

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 112

FULL NAME OF CHILD Walter John Goch Wagner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			3rd	Yes	May 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E Wagner	FULL MAIDEN NAME	Lydia Bronnenkant Bronnenkant
RESIDENCE	Idaho Falls	RESIDENCE	[illegible]
COLOR	Wht	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Iowa
OCCUPATION	Preacher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed May 20 1915 [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1949

551-112-010-662

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] DAHO
[redacted] L STATISTICS
[redacted] OF BIRTH

30105

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. [redacted] File No. .....

Primary Registration District No. 2150 Registered No. 113

FULL NAME OF CHILD De Witt Veach

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			4	Yes	Mar 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Veach	FULL MAIDEN NAME	Olive Foster
RESIDENCE	Idaho Falls	RESIDENCE	I.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Eng	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Id

Filed May 20 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1956
OCT 02 2018 XIW

319-212-010-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30106

Registration District No. 73 File No. .....

Primary Registration District No. 2106 Registered No. 114

FULL NAME OF CHILD ESTHER CARLSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3rd	yes	Mar 12 1915

FATHER		MOTHER	
FULL NAME	J A Carlson	FULL MAIDEN NAME	Amelia A Holm
RESIDENCE	Idaho Falls	RESIDENCE	I.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Stone Mason	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Id

Filed May 20 1915 A. Hammond Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 30106

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carlson (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1915 (Date of Event)
in Idaho Falls (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Esther Carlson

Subscribed and sworn to before me this 3rd
day of June, 1943

W. A. Brumm
CLERK OF THE DISTRICT COURT
~~Notary Public~~, residing at Idaho Falls, Idaho

~~My commission expires~~
(Seal)

Signed Earl A Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

560-12 - Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of June, 1943

W. A. Brumm
~~Notary Public~~, residing at Idaho

My commission expires
(Seal)

Signed Hilma Larson
(Signature of Any Credible Person Other Than Previous Year)

366 Lee ave
(Street Address, City, State)
Idaho Falls Ida.

JUN 9 1943

695-209-010-368

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30097

County of Bonneville

City of

No. St.

Hospital

Registration District No. 72

File No. 30107

Primary Registration District No. 2120

Registered No. 103

FULL NAME OF CHILD SELMA ELIZABETH WIESE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Wiese	FULL MAIDEN NAME	Anne Loyel
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

P. Spence (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed May 10 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Jefferson } ss.

Certificate No. 30107

SEP 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Selma Elizabeth Wiese (Name on Original Certificate) who born (Was Born or Died) on May 9th, 1915 (Date of Event) in Jefferson County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on June 2nd, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Selma Elizabeth Wiese

Subscribed and sworn to before me this 2nd day of September, 1942

Basil R. Bennett

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th. 1942.

(Seal)

Signed Anna M. Wiese

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby—1, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 1942

Basil R. Bennett

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th. 1942

(Seal)

Signed [signature]

(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.

(Street Address, City, State)

SEP 1 1 1942

766 11 010-756

Form V. S. No. 11-C—[illegible]-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30108

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 104

Hospital

FULL NAME OF CHILD Bertrand Francis Goffena

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 11, 1915

FATHER		MOTHER	
FULL NAME	Michael A. Goffena	FULL MAIDEN NAME	Lucy George
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls, Idaho

Filed May 15 1915 W. Grimmard Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383102-010-659

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30109

Registration District No. 73 File No. _____

Primary Registration District No. 2170 Registered No. 110

FULL NAME OF CHILD David LeRoy Lytle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	April 2 1915

FATHER	MOTHER
FULL NAME Frank Chas Lytle	FULL MAIDEN NAME Odella Ferguson
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE N. D.
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M on the date above stated.

(Signature) S. S. Fuller MD

(Physician or midwife)

Address Idaho Falls Ida

Filed May 20 1915 _____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-17-1941. dp

619-210-010-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30110

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 116

FULL NAME OF CHILD MARJORY NAOMI FARNSWORTH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	4th	Yes	April 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern C Farnsworth	FULL MAIDEN NAME	Naomi Holt
RESIDENCE	Idaho Falls	RESIDENCE	I.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 20 1915 W. Kinnard Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1970

APR 16 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Canyon

Certificate No. 30110

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marjorie Naomi Farnsworth (Name on Original Certificate) who BORN (Was Born or Died) on April 17, 1915 (Date of Event) in Caldwell, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baby Record, Insurance Policy prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Marjory Naomi Farnsworth

Subscribed and sworn to before me this 10th day of April, 19 45

Cecilia E. Love

Notary Public, residing at West Sacramento Cal.

My commission expires Notary Public in and for the County of Yolo State of California. My commission expires Mar. 17, 1949

(Seal)

Signed X [illegible] (Signature of parent or attendant if correcting a birth record: of attendant, funeral director, informant if correcting a death record: or other credible person.)

3503 Telegraph Ave Oakland Calif. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Yolo

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 19 45

Cecilia E. Love

Notary Public, residing at West Sacramento Cal.

My commission expires My commission expires Mar. 17, 1948

(Seal)

Signed X Naomi [illegible] (Signature of Any Credible Person)

3503 Telegraph Ave Oakland Calif. (Street Address, City, State)

APR 1 8 1945

266-216-010-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

-30111

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 117

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	Yes	April 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	V. B. Bawne	FULL MAIDEN NAME	Cornelia Chaffin
RESIDENCE	Idaho Falls	RESIDENCE	I. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 20 1915 C. Kirkwood Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-203-010-455

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 30112

Primary Registration District No. 2100 Registered No. 114

FULL NAME OF CHILD Mary Handby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	May 3 1915

FATHER		MOTHER	
FULL NAME	Wallace Handby	FULL MAIDEN NAME	Mirtha Meeker
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	~~Colo~~ W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Col	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ~~[illegible]~~ Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 20 1915 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1976

366 123-010-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 30113

Primary Registration District No. 2100 Registered No. 119

FULL NAME OF CHILD Donald James Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3rd	yes	Feb 23 1915

FATHER		MOTHER	
FULL NAME	Lem Cook	FULL MAIDEN NAME	Jessie Smith
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Ld
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kans	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Ida

Filed May 20 1915 W. Fuller Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1981

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30113

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cook (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 23, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Donald James Cook

Subscribed and sworn to before me this 4th day of February, 1977

Colleen Shepard

Notary Public, residing at Idaho Falls

My commission expires non expiring

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 19 77

Colleen Shepard

Notary Public, residing at Idaho Falls

My commission expires Dec. 20, 1978

(Seal)

Signed .....
(Signature of Any Credible Person)

RT 4 Box 124 Ucon Idaho 83454
(Street Address, City, State)

FORM DH 60-155

CL 2/2/77 nm

Insurance Policy issued by the Columbian National Life Ins. Co. gives name as Donald James Cook, born Idaho Falls, Idaho, on Feb/ 23, 1915, Policy issued October 23, 1924.

Another policy issued in November 18, 1949, gives name as Donald James Cook, born in Idaho Falls, Idaho on Feb. 23, 1915. Poliby issued Nov. 18, 1949.
Viewed by V.S.

391-227-010-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30114

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 120

FULL NAME OF CHILD Lena Traughber

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			10th	yes	April 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. D. Traughber	FULL MAIDEN NAME	Nellie Hollman
RESIDENCE	Irwin Ida	RESIDENCE	Fall Brown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed May 20 1910 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1976

JAN 16 1951

JAN 17 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-223-010-366

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30115

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 121

FULL NAME OF CHILD Amy Sibyl Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1st (To be answered only in event of plural births)	yes	Feb 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Johnson	FULL MAIDEN NAME	Pearl Toone
RESIDENCE	Idaho Falls	RESIDENCE	I.F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 11 1915 W. Fernwood Registrar

..... Registrar

S-Y CO. 24655

L.D.S. Church Cert. of Baptism and Confirmation, April 15, 1923 gives full name of child as Amy Sibyl Johnson, born Feb. 23, 1915 at Idaho Falls, Idaho, daughter of Oscar Johnson and Pearl Toone - viewed by V.S.

Statement from Ralph O. Waddoups, Dean of Boys, Idaho Falls Senior High School, Idaho Falls, Idaho states "This is to certify that I have checked the Idaho Falls High School records of Amy Sibyl Johnson, daughter of Oscar Johnson, and find they show her to have been born on February 23, 1915. She entered high school Sept. 1929 and graduated in May, 1933." - statement was written Dec. 5, 1961 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 30115

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Amy Sibyl Johnson

Subscribed and sworn to before me this 5th day of November 19 61

Notary Public, residing at Idaho Falls, Idaho
My commission expires 9-1-62
(Seal)

Signed Oscar Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C/10 Idaho Canal Bank, Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November 19 61

Notary Public, residing at Idaho Falls, Idaho
My commission expires 9-1-62
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Route #2, Box 148, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-27-61. nm

JAN 19 1962

295-117-010-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30116

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 122

FULL NAME OF CHILD Ralph Cleveland Sievers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Albert Sievers	FULL MAIDEN NAME	Carry Pearl Cassell
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Idaho

Filed May 22 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-212-010-281

PLACE OF BIRTH

Form V. S. No. 11-C—60m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30117

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 123

FULL NAME OF CHILD Lizzie Margrette Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James C Godfrey	FULL MAIDEN NAME	
RESIDENCE	Ucon	RESIDENCE	Eliza D Shaw
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:15 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed May 22 1915 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-220-210264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30118

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 124

Hospital

FULL NAME OF CHILD DELVA JENKINS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	May 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Jenkins	Pearl Southwick
RESIDENCE	Idaho Falls Idaho	Idaho Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housegirl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — May — 20 — 1915 — at 1 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chilliss

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 27 19 15 Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 30118

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1915 (Date of Event)
in Lincoln Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 30, 1917 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delva Jenkins
Delva Jenkins named later		

Subscribed and sworn to before me this 26th
day of October, 1942.
E. E. Shillington
Notary Public, residing at Oxnard Calif.
My commission expires Oct 21, 1943
(Seal)

Signed Sarah Pearl Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
430 West 5th St. Oxnard Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Ventura } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of October, 1942
Irma Merrill Lowe
Notary Public, residing at Oxnard, California
My commission expires June 4-1946
(Seal)

Signed George J. Santhuff
(Signature of Any Credible Person Other Than Previous Year)
344 "D" St. Oxnard Calif
(Street Address, City, State)

Notary Public in and for the County of
Ventura, State of California.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-226-010-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30119

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2 1 1 0 Registered No. 1 2 0

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 16 191 5

FATHER		MOTHER	
FULL NAME	Laurence Liedsel	FULL MAIDEN NAME	Leon E. Smith
RESIDENCE	Idaho Falls. Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Cassville. Utah	BIRTHPLACE	Heber City. Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - May 16 1915 at 7-9 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Soderquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls. Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 21 19 15 Registrar

S-Y CO. 24655

236-122-010547

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 30120

Primary Registration District No. 2106 Registered No. 126

FULL NAME OF CHILD E. J. Storer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	May 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Henry Storer	FULL MAIDEN NAME	Ann Rebecca Empey
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10-10 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed May 27 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1942

DEC 22 1971

Certified Copy issued Feb. 4, 1941. L.W.

695219 010-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30121

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 127

FULL NAME OF CHILD ARDELLA FIELD

Sex of Child: Girl	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: May (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	M. T. Field	FULL MAIDEN NAME	Mary Riley
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kentuckey
OCCUPATION	Mail carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed May 27 1915 W. Cummins
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 30121
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record of birth Oct 10 - 1944 (Bible Record, Insurance Policy, Etc.) prepared on Nov 7 - 1948 (Give Date), are:
Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Ardella Field

Subscribed and sworn to before me this 5 day of March, 1955
Josephine M. Munford
Notary Public, residing at Los Angeles Calif.
My commission expires
(Seal) 3018 N San Gabriel Blvd. San Gabriel

Signed Mary Field Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
14418 E. Clark St. Baldwin Pk. Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 . Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March, 1955
Josephine M. Munford
Notary Public, residing at 3018 N San Gabriel
My commission expires San Gabriel Calif
(Seal)

Signed Nellie Kazda
(Signature of Any Credible Person)
2405 N. Gladys Ave.
(Street Address, City, State)
So. San Gabriel Calif.

DPH 52.155

268-127-010-846

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30122

County of Bonneville

City of Idaho Falls

No. 14th St.

Registration District No. 73 File No.

Primary Registration District No. 2107 Registered No. 120

Hospital

FULL NAME OF CHILD Nelson ~~Delmar~~ Daniel Boyer Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nelson Boyer	FULL MAIDEN NAME	Nellie Vay Huffaker
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Detroit Mich	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas E Rogers

I Osteopath (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed May 28 1914 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 24, 1941. E.W.

666127.010-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30123

Registration District No. 23 File No. _____

Primary Registration District No. 2110 Registered No. 127

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	First	yes	May 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H Fowler	FULL MAIDEN NAME	Mildred Crofts
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Huntington, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Ida.

Filed June 1 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1970

666-127-010396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2100

File No. 30124

Registered No. 130

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2nd	yes	May 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H Fowler	FULL MAIDEN NAME	Mildred Crofts
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Huntington Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kennard

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed June 1 1915 W. Kennard

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1974

434-131-010-853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of I. F.

No. Box 32 St.

Hospital Furlays

Registration District No. 73 File No. 30125

Primary Registration District No. 2150 Registered No. 131

FULL NAME OF CHILD Wilbur Wilson McDaniel

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 5 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilson G. McDaniel	FULL MAIDEN NAME	Anna Helpenstell
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne J. Furlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 10th & Blvd. Idaho Falls

Filed June 2 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-202-010-995

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30126

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Finlays

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 132

FULL NAME OF CHILD Fauntella Dedman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dick R Dedman	FULL MAIDEN NAME	May Ringer
RESIDENCE	Idaho Falls	RESIDENCE	~~White~~ Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Coulthard

P L [illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Idaho Falls Idaho

..... Registrar Filed June 2 1915 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1943

386-201-010569

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30127

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2102 Registered No. 133

FULL NAME OF CHILD Iris Fern Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 1, 1915

FATHER		MOTHER	
FULL NAME	Ira L. Thornton	FULL MAIDEN NAME	Martha Norton
RESIDENCE	Lincoln, Idaho	RESIDENCE	Lincoln, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John O. Mellor M.D.

M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 6/3 1915 C. C. Hammond Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1949

FEB 21 1975

169-101-010356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30128

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 134

FULL NAME OF CHILD Loren Ellis Jordan

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 1, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. N. Jordan	FULL MAIDEN NAME	Elizabeth Lewis
RESIDENCE	Ucon, Idaho	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed 6/3 1915 C. Kinnard Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

747204010 619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2100

File No. 30129

Registered No. 136

FULL NAME OF CHILD Lucille Annie Pugmire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	June (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Allen Thomas Pugmire	FULL MAIDEN NAME	Minnie L. Ward
RESIDENCE	Ozone	RESIDENCE	Ozone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Idaho Falls Ida

Filed June 7 1915 [signature] Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 30 10 54 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 30129

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Pugmire (female) (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1915 (Date of Event)

in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Pugmire	Lucille A[illegible] Pugmire

Subscribed and sworn to before me this 29 day of April, 19 76

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Emma Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3235 Cleveland Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/12/76 lcc pd.

Certificate of Birth from the LDS Church gives name as Lucille Pugmire born June 4, 1915 at Ammon, Idaho. Father's name as Allen T. Pugmire and mother's name as Minnie Ward. entered on record Aug 5, 1923. viewed by V. S.

MAY 1 2 1976

Membership record from the LDS Church gives name as Lucille Annie Wilcock. born June 4, 1915 at Ammon, Idaho. father's name as Allen T. Pugmire and mother's name as Minnie Louize Nielsen Ward. . Baptized Aug 5, 1923. viewed by V. S.

815-103-010-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 30130

Primary Registration District No. 2150 Registered No. 136

FULL NAME OF CHILD Duane Allen Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. P. Hansen	FULL MAIDEN NAME	Zenobia Anderson
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Warren Utah	BIRTHPLACE	Manta Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at one 55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed June 7 1915 W. Kunnard Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 30130

Date Filed Sept. 18, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Duane Allen Hansen (Name on Original Certificate) who born (Was Born or Died) on June 3, 1915 (Date of Event)
in Ammon Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 3, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Duane Allen Hansen

Subscribed and sworn to before me this 18
day of Sept, 1942

Notary Public, residing at Idaho Falls

My commission expires 3-29-43
(Seal)

Signed G. P. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. # 3, Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 22 1942

632-28-010-863

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 30131

No. ..... St.

Primary Registration District No. 2100 Registered No. 137

Hospital

FULL NAME OF CHILD Belva Gladys Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew William Olsen	FULL MAIDEN NAME	Ethel Elizabeth Holdon
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed June 8 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Dup Of 1915-313334

15-19-120-144

Amended 9/26/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30132
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Elmore

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arrowrock

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arrowrock

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Helen b. (Middle): Bernice c. (Last): Anderson

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month): May (Day): 19, (Year): 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Bernard b. (Middle): Victor c. (Last): Anderson

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Oregon

10. USUAL OCCUPATION: Oiler

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hilda b. (Middle): c. (Last): Amundsen

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Jas. P. Kerby

19. ADDRESS: Arrowrock, Ida.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.:

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 7AM

RACE OR COLOR OF FATHER

RACE OR COLOR OF MOTHER

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Typewriter ribbon in completing this certificate. This certificate MUST be filed with the

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 24 12 37 PM '74 VITAL STATISTICS

State of Oregon
County of Washington } ss.

Certificate No. 30132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irene Anderson (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1915 (Date of Event)
in Arrowrock, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ✓ Affidavits (Bible Record, Insurance Policy, Etc.) prepared on July 24 - Sept 20 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Irene Anderson	Helen Bernice Anderson

Subscribed and sworn to before me this 24 day of September, 1974

Notary Public, residing at Washington County, Oregon

My commission expires My Commission Expires August 7, 1976 (Seal)

Signed ✗ Bernard Victor Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10826 N.E. Oregon - Portland, Oregon 97220
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September, 1974

Notary Public, residing at Washington County, Oregon

My commission expires My Commission Expires August 7, 1976 (Seal)

Signed ✗ Helen Anderson
(Signature of Any Credible Person)

10826 N.E. Oregon, Portland, Oregon 97220
(Street Address, City, State)

FORM DH 60-155 CL 7/17/74 nm

Family Bible record from photo-copy of [illegible] Bible giver name as Helen Bernice Anderson born May [illegible], 1915 at Arrow Rock, Idaho. viewed by V. S.

SEP 26 1974

Family Bible record for marriage of Helen Bernice Anderson and Clyde Sholes married on March 24, 1935. viewed by V. S.

17

[redacted] 37-042-962

[redacted]RTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30133

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. ..... St.

Primary Registration District No.

Registered No. 39

Hospital Home

FULL NAME OF CHILD Lillian Lydia Mae Keizer

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 7, 1915 (Year)
Female		Yes	

FATHER		MOTHER	
FULL NAME	Cornelius J Keizer	FULL MAIDEN NAME	Conah L Robinson
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Holland	BIRTHPLACE	Penn - U.S.A
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Kimberly Idaho

Filed May 15 1915 J N Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1966

APR 1 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 36

File No. 30134

Primary Registration District No. .....

Registered No. 40

FULL NAME OF CHILD James David McGrew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 8 1915

FATHER		MOTHER	
FULL NAME	J. F. McGrew	FULL MAIDEN NAME	Alpha S. Brickey
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio	BIRTHPLACE	Corwith Iowa
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 A. M. on the date above stated.

(Signature) J. M. Davis M.D.

(Physician or Midwife)

Address Kimberly Idaho

Filed May 15 19 17 J. M. Davis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MAR 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Hansen Registration District No. 36 File No.

No. , St.

Primary Registration District No. Registered No. 41

Hospital Home

FULL NAME OF CHILD Everett Reynold Hyde

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	May 8, 1915

FATHER		MOTHER	
FULL NAME	Cecil T. Hyde	FULL MAIDEN NAME	Edith Reynolds
RESIDENCE	Hansen Idaho	RESIDENCE	Hansen Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montgomery Co Iowa	BIRTHPLACE	Adam Co, Iowa
OCCUPATION	Farmer	OCCUPATION	Hu

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis M D

(Physician or Midwife)

Given names added from a supplemental report

Address Kimberly, Idaho

, 19

Filed May 15 1915 J N Davis

Registrar Registrar

S-Y CO., 16670

FEB 8 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

455.208.042.553

PLACE OF BIRTH

Form V.S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30136

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. , St.

Primary Registration District No.

Registered No. 42

Hospital Home

FULL NAME OF CHILD Bertha Lois Deeds

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 8, 1915

FATHER		MOTHER	
FULL NAME	John I. Deeds	FULL MAIDEN NAME	Bertha E. Eutrekin
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Strongburg Nebr	BIRTHPLACE	Aurora Nebr
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Kimberly, Idaho

Filed May 15 1915 J. N. Davis

Registrar

Registrar

S-Y CO., 16670

FEB 5 1951

DECEASED

445-11-7042-759

21

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

•30137

County of Twin Falls

City of Kimberly

Registration District No. 36 File No.

No. , St.

Primary Registration District No. Registered No. 43

Hospital Home

FULL NAME OF CHILD Harry Dunn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 17, 1915

FATHER		MOTHER	
FULL NAME	Charley C Dunn	FULL MAIDEN NAME	Hazel Mary Perkins
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wamego Kans
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jn Wanis M W

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

Filed May 25 19 15 Jn Wanis

Registrar

S-Y CO., 16670

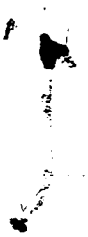
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 4 1969



393-231-042819

22

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30138

County of Twin Falls

City of Rock Creek

Registration District No. 36

File No.

No. , St.

Primary Registration District No.

Registered No. 44

Hospital Home

FULL NAME OF CHILD "Premature birth" Tilley

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 31, 1915

FATHER		MOTHER	
FULL NAME	Harold A Tilley	FULL MAIDEN NAME	Eula F Hartley
RESIDENCE	Rock Creek Idaho	RESIDENCE	Rock Creek
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Roff, Iowa	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Kimberly Idaho

Filed June 6 1915 J. N. Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

D

PLACE OF BIRTH AMENDED JAN. 19, 1956

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

519-13-1042-669

County of TWIN FALLS

City of KIMBERLY

No. ____ St.

Registration District No. 36 File No. 30139

Hospital HOME Primary Registration District No. ____ Registered No. 45

FULL NAME OF CHILD LORIN E. HARRIS
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	MAY 31 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: JESSIE ORSON HARRIS	FULL MAIDEN NAME: CATHERINE EFFIE FOISY
RESIDENCE: KIMBERLY, IDAHO	RESIDENCE: KIMBERLY, IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: PROVO, UTAH	BIRTHPLACE: MARYSVILLE, UTAH
OCCUPATION: FARMER	OCCUPATION: HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. DAVIS, M.D.

(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 6 1915 J. N. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT TO SHOW WHEN AND WHERE LORIN E HARRIS
WAS BORN

1. Date of Birth May 31 1915
2. Place of Birth Kimberly, Idaho
3. Name of Father Jessie Orson Harris Age 64
4. Name of Mother Catherine Effie Harris Age 64
5. Reason for having knowledge of The Birth.

Jessie Orson Harris
Signature, (Father of Lorin E Harris)

Catherine Effie Harris
Signature of Mother of Lorin E Harris)

Subscribed and sworn to before me this 15th day of Jan A.D. 1956

Ruth Sargent
Notary Public
Marysvale, Utah

My Commission Expires Feb 3rd 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

266-112-016-128

County of Cassia

City of Malta

No. ✓ St.

Hospital ✓

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30140

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD John Harrison Boothe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	✓	yes	May (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Miles Harrison Boothe	FULL MAIDEN NAME	Amelia Ashcroft
RESIDENCE	Malta, Idaho	RESIDENCE	Malta, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta Idaho

Filed June 1 1915 C I Sater

Registrar

Registrar

S-Y CO. 24658

Certified Copy issued Jan. 31, 1941. E.W.

[redacted]

[redacted]

1947

696-128-[illegible]-54

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30141

County of Cassia

City of Malta

No. — St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Franklin Fife	FULL MAIDEN NAME	Marguerette Ann Anderson
RESIDENCE	Malta Idaho	RESIDENCE	Malta, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta, Idaho.

Filed June 19 15 C. I. Sater
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- 866-230 016 397

PLACE OF BIRTH

County of Cassia

City of Sublett

No. ✓ St.

Hospital ✓

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30142

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ruby Norine Howell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	✓		✓	Yes	May (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roma Lee Howell	FULL MAIDEN NAME	Hattie Lee Tipton
RESIDENCE	Sublett, Idaho	RESIDENCE	Sublett, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta, Idaho

Filed June 1915 C. I. Sater

Registrar

Registrar

S-Y CO. 24655

JUL 30 1954

866-130-04 [redacted]

Amended 3/7/74

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRT[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30143

County of Kanyon

City of Falk

No. _____ St.

Hospital _____

Registration District No. 6

File No. _____

Primary Registration District No. 1010

Registered No. _____

FULL NAME OF CHILD Allen Keith Howard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Howard	FULL MAIDEN NAME	Mabel Frank
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Emmett

Filed 6-7- 1915

J. L. Reynolds
Registrar

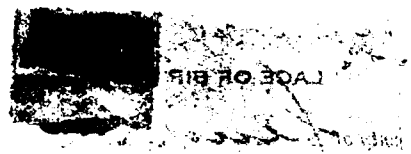
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 1 11 10 AM '74

State of Idaho } ss.
County of Ada

Certificate No. 30143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed male Howard (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1915 (Date of Event) in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	omitted	Allen Keith Howard
date of birth	May 31, 1915	May 30, 1915

Subscribed and sworn to before me this 4th day of February, 19 74.

Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Boise, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

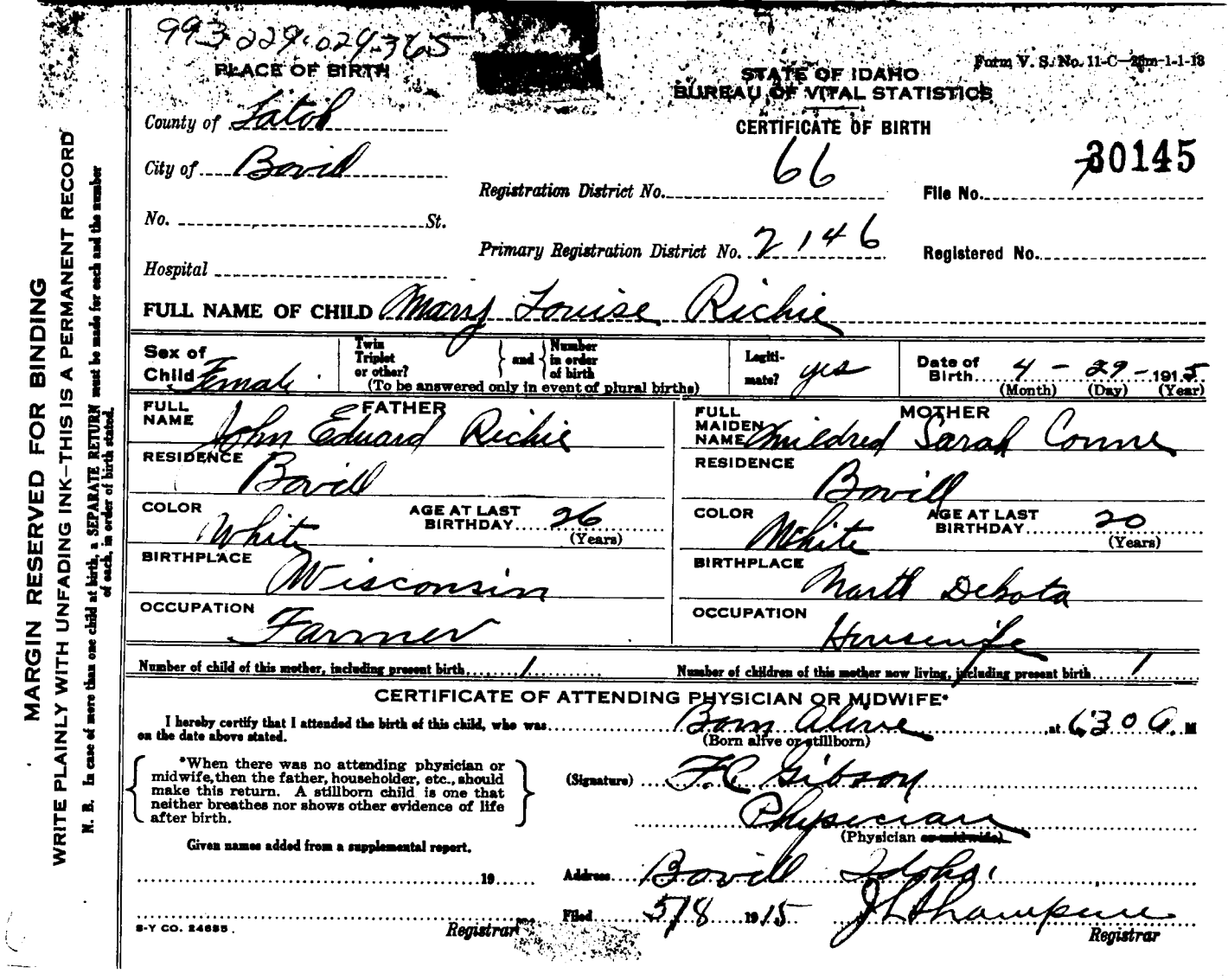
(Street Address, City, State)

FORM DH 60-155 in office 2/4/74 nm.

Church Record , Church of The Nazarene dated Sept. 1, 1963 gives name as Allen Howard born May 30, 1915 .
Viewed by VS

Marriage License State of Idaho, County of Gem Allen Keith Howard and Dola Viola Crites married August 11, 1937 by Rev. Floyd Kinzler.
Viewed by VS

MAR 7 1974



993 229.029.365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. _____ St.

Hospital _____

Registration District No. 66

File No. 30145

Primary Registration District No. 7146

Registered No. _____

FULL NAME OF CHILD Mary Louise Richie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	4 (Month) - 29 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Eduard Richie	FULL MAIDEN NAME	Mildred Sarah Conner
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	North Dekota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6306 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F C Gibson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed 5/8 1915

J L Champeau

Registrar

8-Y CO. 24685.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1962

792.13-029-29

PLACE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital Bovill

[redacted]

Form V. S. No. 11-C—25m-12-15

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

CERTIFICATE OF BIRTH

30146

Registration District No. 66 File No.

Primary Registration District No. 7146 Registered No.

FULL NAME OF CHILD Frank Chester Gibson Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-31-1915

FATHER		MOTHER	
FULL NAME	Frank Chester Gibson	FULL MAIDEN NAME	Katherine Bridon
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Physician	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician

(Physician or midwife)

Address Bovill

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed 9/14 1915 J. L. Thompson

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 3 1942

MAR 9 [redacted]

645-105-025-313

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 105

35 . 30148

File No.

No. St.

Primary Registration District No. 2183

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Eugene Herman Bernard Funke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Frank Funke	FULL MAIDEN NAME	Christina Tacke
RESIDENCE	Ferdinand Idaho	RESIDENCE	Ferdinand Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ossin Iowa	BIRTHPLACE	Salem So. Dak.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed May 14 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR [illegible] 1947

JUN 27 1973

553-110-025 319

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Denver

No. ..... St.

~~Hospital~~ Home

Registration District No. 105

Primary Registration District No. 2183

File No. 36 30149

Registered No. .....

FULL NAME OF CHILD Oscar William Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Selmer Nelson	FULL MAIDEN NAME	Harriet Lola Carpenter
RESIDENCE	Denver Idaho	RESIDENCE	Denver Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Gibbon Minn.	BIRTHPLACE	Southwest City Mo.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Address Cottonwood Ida.

Filed May 16 1915 H B Blake
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1942

669-172-025132

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 37 30150

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD John Clarence Forsmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Forsmann	FULL MAIDEN NAME	Kate Josephine Albers
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.05 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood, Idaho

Filed May 20 1915 H B Blake
Registrar

Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1962

3192180025667

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 105 — 38 File No. 30151

Primary Registration District No. 2183 — Registered No. _____

FULL NAME OF CHILD [redacted] Vernon Attalie Tarbet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 18 1915

FATHER

FULL NAME George Wilber Tarbet

RESIDENCE Ferdinand Ida

COLOR White — AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Newport Wash

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Shirley Viola Fay

RESIDENCE Ferdinand Ida

COLOR White — AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wis

OCCUPATION housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M.D.

(Physician or midwife)

Address Ito, Idaho.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed May 23 1915 H B Blake Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 12 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-130-040-619

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

[redacted] TATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

30152

Registration District No. 123 File No. 47

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD John Cameron

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	5 30 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John Cameron	FULL MAIDEN NAME Sadie Farrelly
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	AGE AT LAST BIRTHDAY 37 (Years)
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Scot.	BIRTHPLACE Ont.
OCCUPATION Miner	OCCUPATION H W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo S Fosher. M. D.

(Physician or midwife)

Address Kellogg

Filed 6/3 1915 Geo S Fosher Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-102-0402 19

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

: 30153

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 46

No. St.

Primary Registration District No. 2201 Registered No.

Hospital Wardner.

FULL NAME OF CHILD Francis John Chapman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		1	Yes	June 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Chapman.	Edith Barker.
RESIDENCE	Kellogg.	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	England.	Minn.
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1202 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Lindsay.

Physician (Physician or midwife)

Address Kellogg Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 3 1915 Geo. S. Leasher
Registrar

S-Y CO. 20174

STATE OF ID
BUREAU OF VITAL
CERTIFICATE OF

NAME
CHANGE

DuP 20195-DE55-623

596-213-040-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30154

County of Shoshone

City of Wardner

Registration District No. 173 File No. 45

No. ..... St.

Primary Registration District No. 2201 Registered No. ~~X~~

Hospital .....

FULL NAME OF CHILD Arma May Erwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
[illegible]	—		—	Yes	May (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William David Erwin	FULL MAIDEN NAME	Arma Laura Portland
RESIDENCE	Wardner Ida	RESIDENCE	Wardner
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	~~Pawnee~~ Cato Kans.	BIRTHPLACE	Garland Kans
OCCUPATION	Miner	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. Grey
Osteopath
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Idaho

Filed 5/21 1915 Geo. S. Luther
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

65-218-037413

PLACE OF BIRTH

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-15-12

30155

CERTIFICATE OF BIRTH

County of Owyhee

City of De Lamar

No. ..... St.

Registration District No. 43 File No. .....

Primary Registration District No. 2120 Registered No. 23

Hospital .....

FULL NAME OF CHILD Feliciana Fernandez

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 18, 1915

FATHER		MOTHER	
FULL NAME	B. Pedro Fernandez	FULL MAIDEN NAME	Polonia Malle
RESIDENCE	De Lamar, Idaho	RESIDENCE	De Lamar, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Vittoria, Spain	COLOR	White
OCCUPATION	Mine watchman	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Vittoria, Spain.
		OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. P. M. on the date above stated.

(Signature) W. H. Schuyler, M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Filed May 19, 1915 W. H. Schuyler, M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

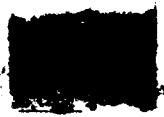
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-229.006.415

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]ICS
CERTIFICAT[redacted]

Form V. S. No. 11-C—20m-2-15-12

30156

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 100

FULL NAME OF CHILD MABEL MARGARET FOOTE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reuben C. Foote	FULL MAIDEN NAME	Lena Belle Mann
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacFinnin M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed May 29 1915 M. C. MacFinnin

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1942

STATE OF IDAHO

NOV 7 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 30156

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mabel Margaret Foote (Name on Original Certificate) who Born (Was Born or Died) on May 29 - 1915 (Date of Event)
in Aberdeen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 29 - 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Mabel Margaret Foote

Subscribed and sworn to before me this 7th
day of March, 1942.

Harry Wirt

Notary Public, residing at [illegible] California

My commission expires [illegible] 1945.
(Seal)

Signed Lena Bille Foote
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

909 N. Paramount Blvd Clearwater Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed ~~Lena Bille Foote~~
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 10 1942

845-029-006245

PLACE OF BIRTH

childs name amended 4/7/03 llt

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30167

County of Bingham

City of Aberdeen

Registration District No. 116 File No.

No. St.

Primary Registration District No. 2195 Registered No. 99

Hospital

FULL NAME OF CHILD Alice Viola Huether

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ludwig R Huether	Marie Landau
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Russia	South Dakota
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Wm. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed May 29 1915 Wm. C. MacKinnon Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3/5/03

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1915-30157

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unknown (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 29, 1915 (Date of Event)

in Aberdeen, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs full name	unknown	Alice Viola Huether

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Alice Lee
Signature of Applicant

358 Adams, Twin Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

State of IDaho birth certificate for Sharon Rae McCrum dated May 30, 1944
State file #1944-391386. shows mothers name as Alice Viola Huether. Viewed by VS

State of Idaho divorce certificate dated 6/6/52 state file number 1952-03765 shows childs name as Alice Viola. Viewed by VS

818-121-006.962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

30158

County of Bingham

City of Sterling

Registration District No. 116

File No. 2

No. ..... St.

Primary Registration District No. 2195-

Registered No. 98

Hospital .....

FULL NAME OF CHILD Victor Charles Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 21 1915

FATHER	MOTHER
FULL NAME Seth Harper	FULL MAIDEN NAME Kathryn Josephine Robbins
RESIDENCE Sterling Ida	RESIDENCE Sterling Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martineau, M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed May 21 19 15 M. C. Martineau
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

AUG 15 1961

[redacted]

231-208-006-619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

30159

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 2

No. ____ St.

Primary Registration District No. 2195 Registered No. 97

Hospital ____

FULL NAME OF CHILD MARY LUCILLE BLADES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 8 1915

FATHER		MOTHER	
FULL NAME	Leonard Clarence Blades	FULL MAIDEN NAME	Edna Carrie Ward
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at [redacted] P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 8 1915 M. C. MacKinnon

Registrar

8-Y CO. 20174

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 30159

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mary Lucille Blades (Name on Original Certificate) who Was born (Was Born or Died) on May 8. 1915 (Date of Event) in Aberdeen Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Mary Lucille Blades

Subscribed and sworn to before me this 9th day of February 1942

Howard B. Sicke

Notary Public, residing at Los Angeles Calif

My commission expires April 30, 1945
(Seal)

Signed Edna C. Blades.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4373. So. Vermont ave.
(Street Address, City, State)
Los Angeles Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 21 1942

445101 006465

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

30160

Registration District No. 116 File No. 2

Primary Registration District No. 2195 Registered No. 96

FULL NAME OF CHILD Paul Mueller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	May (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Mueller	FULL MAIDEN NAME	Louise Doering
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Russia	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth fifth Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed May 2 19 1915 McMacKinnon

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

266-20-035-469

[redacted]

PLACE OF BIRTH

County of Nez Perce

City of Cul de Sac

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

30161

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 12 1915

FATHER	MOTHER
FULL NAME Edward Booth	FULL MAIDEN NAME Clara Martinsen
RESIDENCE Cul de Sac, Idaho	RESIDENCE Cul de Sac
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Wash
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer R. Rogers (Physician or ~~midwife~~)

Address Winchester

Given names added from a supplemental report.

..... 19.....

H. N. Gragg, M.D. Registrar

Filed June 3 1915 H. N. Gragg Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-231-029296

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

Form [illegible]

30162

Registration District No. 63

File No. .....

Primary Registration District No. 2143

Registered No. 70

FULL NAME OF CHILD Mari Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			no	May 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Mari Brown
RESIDENCE		RESIDENCE	Kendrick Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	Portland Oregon
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.A. Rothwell M.D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed June 3 1913 J.E. Hoyt
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA[illegible]
BUREAU OF [illegible]STICS
CERTIFIC[illegible]

No. 70

290-116-c29-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30163

Registration District No. 63 File No. .....

Primary Registration District No. 2143 Registered No. 71

FULL NAME OF CHILD Kenneth Brocke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 16 1915

	FATHER	MOTHER
FULL NAME	Frank Brocke	FULL MAIDEN NAME Julia Otto
RESIDENCE	near Kendrick Idaho	RESIDENCE near Kendrick Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Rothwell M D

Kendrick Idaho.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 3 19 15 J. E. Hoyt

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Lapwai

Registration District No. 2174

File No. 30164

No. _____ St.

Primary Registration District No. 97

Registered No. _____

Hospital _____

FULL NAME OF CHILD Doucie May Hubbard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	May (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. Hubbard	FULL MAIDEN NAME	Doucie McIntyre
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Doucie May Hubbard at 7 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Allen

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Lapwai

Filed May 26 1915 John N. Allen

Registrar

Registrar

S-Y CO. 24656

JUN 8 1971

685-123-035-685

PLACE OF BIRTH

County of Key Perce

City of Lapwai

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-18

30165

Registration District No. 2174 File No. _____

Primary Registration District No. 97 Registered No. _____

FULL NAME OF CHILD Isaac Wheat

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Second	Yes	April 23 1915

FATHER		MOTHER	
FULL NAME	Wm C Wheat	FULL MAIDEN NAME	Della M Wheat Land
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Isaac Wheat at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

J D Figueira
(Physician or midwife)

Address Lapwai Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 1 1915 John Alley Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

613 130 35 234

PLACE OF BIRTH

County of Nez Perce

City of Spalding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30166

Registration District No. 97

File No. _____

Primary Registration District No. 2174

Registered No. _____

FULL NAME OF CHILD Not given

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	April 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Walker	FULL MAIDEN NAME	Zella Blutcher
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F H Habel M.D.

(Physician or midwife)

Given names added from a supplemental report.

W. H. Habel 19__

Lapwai Idaho

Registrar

Address Lapwai - Idaho

Filed Apr 30 1915

John H Alley

Registrar

E-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1966

944-227-035-251

Form ~~V. S. No.~~ 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Sweetwater

No. _____ St.

Hospital _____

Registration District No. 97

File No. 30167

Primary Registration District No. 2174

Registered No. _____

FULL NAME OF CHILD - ~~Not Given~~ - ZELMA GERTRUDE RUDD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes -	4-27-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew F. Rudd -	FULL MAIDEN NAME	Dorothy - Beasley
RESIDENCE	Sweetwater -	RESIDENCE	Sweetwater -
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 - (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	farmer -	OCCUPATION	housewife

Number of child of this mother, including present birth - 4 -

Number of children of this mother now living, including present birth - 3 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Habel Mr.

Lapwai - Idaho.

(Physician or midwife)

Given names added from a supplemental report.

W. Habel 19__

L. Opwai Idaho

Registrar

Address L. Opwai

Filed Apr 30 1915 John McAlley

Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 30167

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Girl Rudd (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on 2-7-2 April 1918 (DATE OF EVENT)
in Lewiston (PLACE OF EVENT) Idaho are, erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Birth Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 6-10-42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name on Original	Velma Gertrude Rudd

Subscribed and sworn to before me this 10 day of June, 19 42

Helen M. Nelson

Notary Public, residing at Lewiston

My commission expires 1-12-46 (SEAL)

Signed Dorothy May Rudd Montague

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

323 North 1st Lewiston Idaho Widow

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June, 19 42

Helen M. Nelson

Notary Public, residing at Lewiston

My commission expires 1-12-46 (SEAL)

Signed Bertha M. Cleveland

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

[illegible]

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 30 1942

297-128-035-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3018

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 25

FULL NAME OF CHILD Dewayne Birdsell Knight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	S	X	yes	5/28/15

FATHER	MOTHER
FULL NAME: Walter Kight	FULL MAIDEN NAME: ~~Seagum~~ Birdsell Georgiana
RESIDENCE: Lenore	RESIDENCE: Lenore
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minesota	BIRTHPLACE: Oregon
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/28 1915 E.E.Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-231-035-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Summit

No. ..... St.

Hospital .....

Registration District No. 92

File No. 3 30169

Primary Registration District No. 2170

Registered No. 24

FULL NAME OF CHILD Frances E. Carter

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	S	X	yes	5 (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Phillip Carter	FULL MAIDEN NAME	Anna Rice
RESIDENCE	Summit	RESIDENCE	Summit
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	W.Va	BIRTHPLACE	Arkansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 3/30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/31 1915 E.E.Watts

..... Registrar

S-Y CO. 24655

Registrar

418-230-235-238

PLACE OF BIRTH

County of Nez Perce

City of Summit

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30170

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 23

FULL NAME OF CHILD Helen Marie Dahm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	S	X	yes	5 30 1915

FATHER	MOTHER
FULL NAME: G.C.Dahm	FULL MAIDEN NAME: Florence Schlossom
RESIDENCE: Summit	RESIDENCE: Summit
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Dakota
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 2. P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 5/30 19 15 E.E.Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 30170

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen (Name on Original Certificate) who was born (Was Born or Died) on May 30th, 1915, (Date of Event)
in Summit, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll (Bible Record, Insurance Policy, Etc.) prepared on June, 1915, (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen	Helen Marie Dahm

Subscribed and sworn to before me this 26th
day of June, 1942

[signature]
Notary Public, residing at Deer Park, Wash.
My commission expires August 28, 1943.
(Seal)

Signed Clarence Gray (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Milan, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of June, 1942

[signature]
Notary Public, residing at Deer Park.
My commission expires Aug. 28, 1943.
(Seal)

Signed Fred Dahm
(Signature of Any Credible Person Other Than Previous Year)

4730, North Freya St.,
Spokane, Washington.
(Street Address, City, State)

DEC 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

075·02·075·755

PLACE OF BIRTH

County of Nez Perce

City of Gifford Ida,

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30171

Registration District No. 42 File No. 3

Primary Registration District No. 2170 Registered No. 22

FULL NAME OF CHILD Aaron Ellsworth Blewett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Twins	2	yes	5—22—1918

FATHER		MOTHER	
FULL NAME	John E. Blewett	FULL MAIDEN NAME	Eddy Peer
RESIDENCE	Gifford Ida,	RESIDENCE	Gifford, Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twins (Born alive or stillborn) at 7.10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. J. Hemington, M.D.

(Physician or midwife)

Address Gifford Ida

Filed 5—31—1918 E. E. Watts Registrar

8-Y CO. 24688

235-222-035-755

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Gifford, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30172

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 21

FULL NAME OF CHILD Aria Ellen Blewett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	yes		One	yes	5-22-1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. Blewett	FULL MAIDEN NAME	Lilly Peer
RESIDENCE	Gifford Ida.	RESIDENCE	Gifford Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth ~~10~~ 9 Number of children of this mother now living, including present birth ~~10~~ 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.
(Physician or midwife)

Address Gifford, Ida

Given names added from a supplemental report.

..... 19....

Filed 5-31 1918 E. E. Watts
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 27 1970 Bureau of Vital Statistics

State of Washington } ss.
County of Garfield

Certificate No. 30172

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Blewett (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1915 (Date of Event)

in Gifford, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Cert. School Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 1929, Oct 1939, Aug 1938, May 1941 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Arla Ellen Blewett

Subscribed and sworn to before me this 26th day of March, 1970

[signature]

Notary Public, residing at Pomeroy

My commission expires 6-5-71

(Seal)

X Signed Jonas L. Parshall

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

461 Pahata St, Pomeroy, Washington 99347

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 Cl 3/24/70 nm Rush

Marriage certificate from Idaho gives groom's name as Jonas L. Parshall and the bride's name as Arla Blewett Cuffland. Dated Friday xxx 1939xxxOctober 13, 1939 at Lewiston, ID. Signed by Orville F. Mick, Minister from the First Christian Church in, Idaho. Viewed x by V. S.

MAR 3 0 197

Insurance Policy with Mutual Life Insurance xxxxxx Company fro Jonas Lloyd Parchall gives Beneficiary name as Arla Ellen Parshall, Wife of the Insuredd. Dated May 19, 1948. Viewed by V. S.

445-20-6103-5-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30173

County of Nez Perce

City of Gifford

Registration District No. 92

File No. 3

No. ____ St.

Primary Registration District No. 2170

Registered No. 20

Hospital ____

FULL NAME OF CHILD Christina Munsterman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	S	X	yes	5 6 1915

FATHER		MOTHER	
FULL NAME	Wm Munsterman	FULL MAIDEN NAME	Alvina Lindeman
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 5/6 1915 E.E.Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-108-029296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Deary

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30174

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 8

FULL NAME OF CHILD Jesse Elbridge

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	May 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ewing Hatfield	FULL MAIDEN NAME	Minnie Brooks
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Kas.
OCCUPATION	farmer	OCCUPATION	HW.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Deary

Filed 5/10 1915 P. C. Faust
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-214-029-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30175

County of Latah

City of Deary

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 9

Hospital

FULL NAME OF CHILD Vivian Lucile Danielson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	May 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward G. Danielson	FULL MAIDEN NAME	Hilma Dalberg
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ida
OCCUPATION	machinist	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician

(Physician or midwife)

Given names added from a supplemental report.

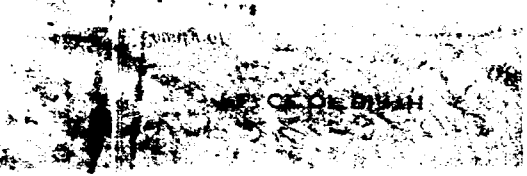
..... 19.....

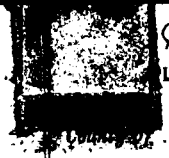
Address Deary

Filed 3/20/15 R. C. Faust

Registrar Registrar

S-Y CO. 24685





449.209.025449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30176

County of Idaho

City of Whitebird

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Kathrine Murphy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	3	yes	May (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Murphy	FULL MAIDEN NAME	Mary Murphy
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Whitebird Ida

Filed May 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

[redacted]

JUN 6 1972

25B 208 025-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30177

County of Ida

City of Whitebird

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Margarete Bethke

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	3	yes	May 8 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Dominick Bethke	FULL MAIDEN NAME Mable Woolworth
RESIDENCE Whitebird	RESIDENCE Whitebird Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a M on the date above stated.

(Signature) W A Foskett

Physician (Physician or midwife)

Address Whitebird Ida

Filed May 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

OCT 24 1975

693.123.025435

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30178

County of Ida

City of Whitebird

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Frances Woodrow Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	4	yes	May 23 1915

FATHER		MOTHER	
FULL NAME	Robert O. Wilson	FULL MAIDEN NAME	Mary McEvers
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs Ruben McEvers

Midwife (Physician or midwife)

Address Whitebird

..... 19.....

..... Registrar

Filed June 1915

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

985-106-025-485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30179

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Homer Kingdon Rhett

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	May 6 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elbert W. Rhett	FULL MAIDEN NAME	Minerva Myers
RESIDENCE	Lucile	RESIDENCE	Lucile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	~~Lucile~~ Ida	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Lockett

Physician (Physician or midwife)

Address Whitebird

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 19 15

Registrar

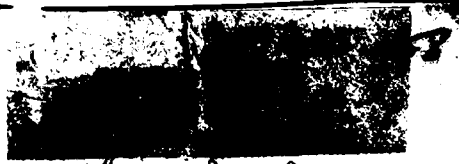
S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1967



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Cul De Sac

Registration District No. _____ File No. 30180

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Finney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	other		4	Yes	5 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Finney	FULL MAIDEN NAME	Annie Johann
RESIDENCE	Cul De Sac	RESIDENCE	Cul De Sac
COLOR	1/4 Indian	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cul De Sac	BIRTHPLACE	Genessee. Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cul De Sac.

H. N. Gragg
Registrar

Filed May 20 1915 H. N. Gragg
Registrar

S-Y CO. 24655

794-20[redacted]866

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30181

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124 File No. .....

Primary Registration District No. 2504 Registered No. 39

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	May 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. F. Grubb	FULL MAIDEN NAME	Stella Mae Hooper
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 1. 1915 at 12:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney M.D.

~~Harrison~~ Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed June 7 1915 K. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-105-028-754

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30182

Registration District No. 124 File No. .....

Primary Registration District No. 2204 Registered No. 38

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Synebug	FULL MAIDEN NAME	Constance Pedersen
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Denmark.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 5 1915 at 1:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida.

Filed June 7 1915 Rob Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556 115 028 436

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 30183

Primary Registration District No. 2204 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	Yes	May 15 1915

FATHER		MOTHER	
FULL NAME	Elmer Newton	FULL MAIDEN NAME	Georgia M. Faddeu
RESIDENCE	Harrison Idaho.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 15-1915 at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ramsey

Physician

(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 7 1915 R. S. Jensen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIR

E OF BIRTH

986-123-028-969

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30184

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 36

Hospital

FULL NAME OF CHILD Claude Leslie Rhodes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	May 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Rhodes	FULL MAIDEN NAME	Mable Jones
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Saboro	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 23-1915 at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Harrison Ida

Filed June 7 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU

269-128-028-493

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

30185

Registration District No. 124 File No. .....

Primary Registration District No. 2204 Registered No. 95

FULL NAME OF CHILD JAMES GAILAND BOZARTH

Sex of Child Male | Twin, Triplet or other? and Number in order of birth 5 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 28 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Joseph Edward Bozarth

RESIDENCE Harrison Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Wis

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Isabelle Dickerson

RESIDENCE Harrison Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wis

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 28, 1915 at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gumney

Physician
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 7 1915 R. H. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

165-213-028-512

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30186

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 34

FULL NAME OF CHILD Eva Jane Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 13 1915

FATHER		MOTHER	
FULL NAME	Edward M. Jones	FULL MAIDEN NAME	Helen Eastman
RESIDENCE	Harrison, Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Riger

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed June 4 1915 R. S. Jensen Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1972

696-112-028-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30187

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. _____

Primary Registration District No. 2204 Registered No. 33

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter Frost	FULL MAIDEN NAME	Rosa Moran
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Pager

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed June 4 1915 R. S. Jensen
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-221-028-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30189

County of Kootenai

City of Harrison Ida

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 31

Hospital

FULL NAME OF CHILD Florence Gertrude Smith

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	Two	Yes	May 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G Willard Smith	FULL MAIDEN NAME	Nellie E Flanagan
RESIDENCE	Harrison Ida	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New Brunswick Canada	BIRTHPLACE	Ontario Canada
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive May 21 1915 at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Harrison Ida

Filed June 4 1915 R L Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1968

856-12-028-229

856 22-028-229

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30190

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 30

Hospital

FULL NAME OF CHILD EDGAR GEORGE Hewson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male and Female	Twins (To be answered only in event of plural births)	3d and 4th	yes	May 21 1915

FATHER		MOTHER	
FULL NAME	albert Herbert Hewson	FULL MAIDEN NAME	gladys Skinner
RESIDENCE	near Harrison Idaho	RESIDENCE	near Harrison Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	ontario Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. May 21 1915 at 7:30 8:00 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Anderson MD

Physician (Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

19

Registrar

Filed June 4 1918 R. S. Jensen Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Ravalli }

Certificate No. 30190
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who (Was born or died) on May 21, 1916. (Date of event)
in Harrison, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hewsnn	Edgar George Hewson

Subscribed and sworn to before me this 20th.,
day of December, 1941.

Edward M. Bucher

Notary Public, residing at Hamilton, Montana.
My commission expires May 7, 1943.
[SEAL]

Signed Gladys Hewson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

311 South Fourth, Hamilton, Montana.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana, } ss.
County of Ravalli. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th.,
day of December, 1941.

Edward M. Bucher

Notary Public, residing at Hamilton, Montana.
My commission expires May 7, 1943.
[SEAL]

Signed Mrs Ted [illegible]
(Signature of any credible person other than the previous affiant.)

419 North First, Hamilton, Montana.
(Street Address, City, State)

Received for filing on JAN 2 1942 By
(Registrar's signature)

789-208-005

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30191

County of Benewah

City of Plummer

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 29

Hospital

FULL NAME OF CHILD Murel May Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 8th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul Glen Phillips	FULL MAIDEN NAME	Olive Bostwick
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Menomia Dunn Co. Wis	BIRTHPLACE	Detroit, Minn.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington D.C.
Plummer, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed June 4 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

457-213-028-285

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [redacted] 25

30193

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 27

FULL NAME OF CHILD [redacted] Virginia DeGraff

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	Sixth	Yes	May 13 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm A DeGraff	FULL MAIDEN NAME	Julia Sheehan
RESIDENCE	Near Rose Lake Ida	RESIDENCE	Near Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth Fi

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 40 P on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Washington

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Idaho

Filed June 4 1915 R. S. Jensen

Registrar

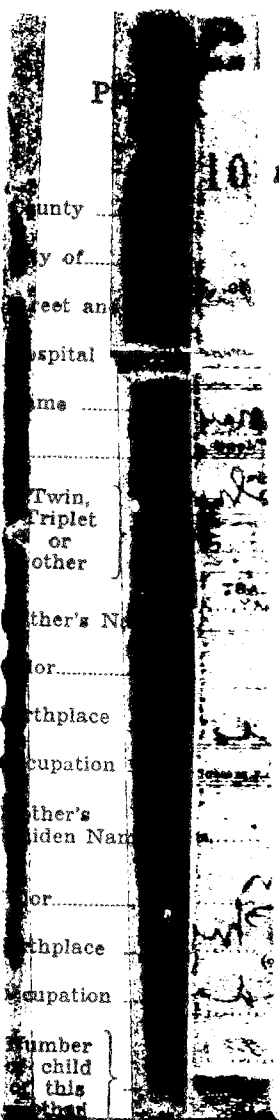
Registr

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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295-204-029-653

Form V. S. No. 11-C—2[illegible]n-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30195

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 7

FULL NAME OF CHILD LOU Easter King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Apr. 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe King	FULL MAIDEN NAME	Mary Wells
RESIDENCE	Deary.	RESIDENCE	Deary
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	N.C.
OCCUPATION	Tailor	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 4/4 1915 R. C. Faust
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 30195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lou Easter King (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1915 (Date of Event)
in Deary, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Easter	Lou Easter King

Subscribed and sworn to before me this 30th
day of September, 1943
Clarence E. Childs
Notary Public, residing at Moscow Idaho
My commission expires
(Seal)

X Signed Mary Annabill King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Deary, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of September, 1943
Clarence E. Childs
Notary Public, residing at Moscow, Idaho
My commission expires
(Seal)

X Signed Mrs Mildred Wells
(Signature of Any Credible Person Other Than Previous Year)
Deary, Idaho
(Street Address, City, State)

MAY 1 0 1974

OCT 8 1943

217-125-018-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30196

County of Clearwater

City of Elk River

Registration District No. 91

File No.

No. ✓ St.

Primary Registration District No. 91

Registered No.

Hospital ✓

FULL NAME OF CHILD Takeo Sagara

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Mar. 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Masaki Sagara	Take Sagara
RESIDENCE	Elk River	Elk River
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	29 (Years)
BIRTHPLACE	Kumamoto, Japan	Kumamoto, Japan
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Masaki Sagara
Husband
(Physician or midwife)

Address Elk River

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Mar 29 19 15 D. A. [redacted]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st Certified copy Oct 8, 1940

238-221-018-249

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ....., ... St.

Hospital .....

FULL NAME OF CHILD ~~Alice~~ MARY ELLEN Schimmel

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

30197

Registration District No. 91 File No. .....

Primary Registration District No. ..... Registered No. .....

Sex of Child Female	Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of birth May 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Schimmel	FULL MAIDEN NAME	Isabell Smith
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Sawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke
Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Elk River

Filed May 26 1915 Dr. A. G. Cooke
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of THURSTON } ss.

Certificate No. 30197

SEP 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nellie	Mary Ellen Schimmel

Subscribed and sworn to before me this 9th day of September, 1942

Helen Christensen formerly Helen Shaw
Notary Public, residing at Olympia

My commission expires 9/3/43
(Seal)

Signed August F. Schimmel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Alderwood Manor Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }
County of THURSTON } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of September, 1942

Helen Christensen formerly Helen Shaw
Notary Public, residing at Olympia

My commission expires 9/3/43
(Seal)

Signed F. D. Whitlatch
(Signature of Any Credible Person Other Than Previous Year)

412 Maple Park, Olympia, Washington
(Street Address, City, State)

SEP 12 1942

369-121-025-356

PLACE OF BIRTH

Form V. S. No. 11-Q—20m-9-15-12

...TE OF IDAHO
...F VITAL STATISTICS

CERTIFICATE OF BIRTH

30198

County of Idaho

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 18

FULL NAME OF CHILD Harvey Corbett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 21 1913

FATHER		MOTHER	
FULL NAME	William Corbett	FULL MAIDEN NAME	Elizabeth La France
RESIDENCE	Kootenai — Idaho	RESIDENCE	Kootenai — Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician or midwife)

Address Kootenai Idaho

Given names added from a supplemental report

..... 19.....

Filed April 30 1913 J. M. Verbeck Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

391-228-025-437

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 30199

Primary Registration District No. 2184 Registered No. 19

FULL NAME OF CHILD Velma Vertrue Crader

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen Crader	FULL MAIDEN NAME	Orah McPherson
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia Idaho

Filed April 30 1915 J. M. Verberkmoes Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 29 1952

713-22-025-853

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ....., ... St.

Hospital .....

Registration District No. 106 File No. 30200

Primary Registration District No. 2184 Registered No. 20

FULL NAME OF CHILD ~~Rudy~~ Patterson George Delbert

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	[illegible]			Yes	4 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora Oscar Patterson	FULL MAIDEN NAME	Anna Delia Hick
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Carpenter	OCCUPATION	Domestic

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R. A. Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed April 30 1915 J. M. Verbeekmoes Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-124 024-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30201

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Registered No.

Hospital

FULL NAME OF CHILD Frank Tillman Barthes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	2	yes	3 24 1915

FATHER		MOTHER	
FULL NAME	Willard Barthes	FULL MAIDEN NAME	Gertrude Farley
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ind	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Wendell

Filed 19 H E Lamb

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

645-122-024-749

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 30202

No. ..... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Weinburg

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	3 22 1915

FATHER		MOTHER	
FULL NAME	Glen Weinburg	FULL MAIDEN NAME	Marie Purvis
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wendell

Filed ..... 19.... .....

Registrar Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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455-12-2024-434

PLACE OF BIRTH

County of Gooding

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 30205

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Fredrick James Dennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Apr 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Dennis	Emma Mc. Mary
RESIDENCE	7 mi. N. W. Jerome	7 mi. N. W. Jerome. Gooding Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Illinois	Colorado
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M.D.

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 1915 E. D. Pyle Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-45-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

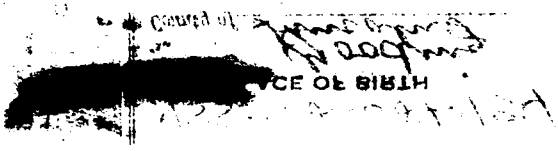
CERTIFICATE OF BIRTH

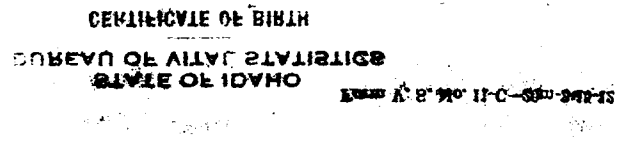
[redacted]ACE OF BIRTH

County of Woodward

MAY 26 1966

Certified copy issued October 25, 1940. E.W.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91 File No. 30206

No. ....., ... St.

Hospital Elk River Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Laura Ledya Morrisette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Morrisette	Laura Ledya Landry
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	39
BIRTHPLACE	New Hampshire	Canada
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Brooke

Physician

(Physician or Midwife)

Address Elk River

Given names added from a supplemental report

....., 19.....

Filed May 25 19 15 Dr. A. G. Brooke Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 4 1958

V45-126-018-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ____, 3rd St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30207

Registration District No. 91 File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Harrison David Dunwoodie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harrison Benjamin Dunwoodie	Marjorie M. McEntire
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Michigan	Washington
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) Dr. Aldbrooke

Physician

(Physician or Midwife)

Address Elk River

Filed Apr. 1 19 15 Dr. Aldbrooke, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

994-124-018-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Elk River.

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 30208

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Riddle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	Two	Yes	Mar 24 1915

FATHER		MOTHER	
FULL NAME	Lester Riddle	FULL MAIDEN NAME	Elsie Bellamy
RESIDENCE	Elk River	RESIDENCE	Elk River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	West Virginia
OCCUPATION	Teamster	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Babcock

Physician

(Physician or Midwife)

Address Elk River

Given names added from a supplemental report

....., 19.....

Filed Apr 1 1915 Dr. A. Babcock

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JAN 8 1974

994-124-08 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30209

County of Clearwa[redacted]

City of Elk River

No. ....., ... St.

Hospital .....

Registration District No. 91 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Chester Riddle

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	Twin		One	Yes	Mar 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Riddle	FULL MAIDEN NAME	Elsie Bellamy
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	West Virginia
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Elk River

Filed Apr 1 1915 Dr. A. G. Cooke

Registrar

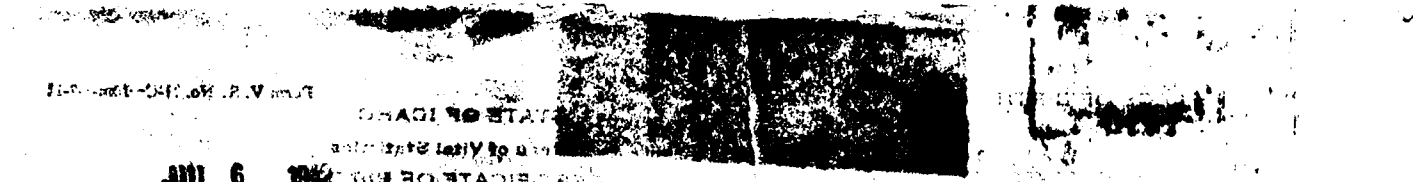
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

41[redacted]20-995

BIRTH

Form V. S. No. 11-C—20m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30210

County of Elmore

City of Glenns Ferry

Registration District No. 35 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Not named Richard Willis Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	May 29th 1915

FATHER	MOTHER
FULL NAME Thomas W. Mathews	FULL MAIDEN NAME Gertrude Rinehart
RESIDENCE Glenns Ferry	RESIDENCE Glenns Ferry.
COLOR White	COLOR
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Brakeman O. S. L. R. R. Co.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 29th 1915 at 4.40 P M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

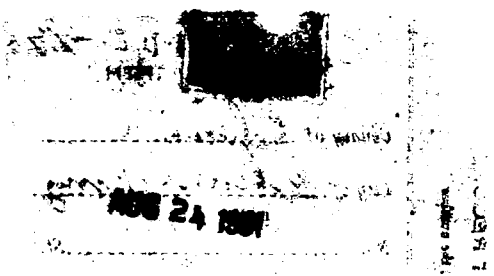
Given names added from a supplemental report.

....., 19....

Filed May 30 1915 J. W. Davis
Registrar

.....
Registrar

8-Y CO. 24688



AUG 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 452-12 E 220249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30211

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

Registration District No. 35

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Francis Gabriel Meserole

Sex of Child Male	Twin Triplet or other? Single and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May (Month) 20 (Day) 2 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alvin D. Meserole	FULL MAIDEN NAME	Alma L. Smith
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 20th 1915 at 5:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed May 22nd 1915 J. W. Davis M. D.
Registrar

Registrar

S-Y CO. 24655

795-[illegible]37-000

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30212

County of [illegible]

City of Glenns Ferry

No. ..... St.

Hospital .....

Registration District No. 43 File No. .....

Primary Registration District No. 2120 Registered No. 20

FULL NAME OF CHILD Homer Wade Gunn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	yes	March 21st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer Gunn	FULL MAIDEN NAME	
RESIDENCE	Owyhee Co	RESIDENCE	Owyhee Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 (W.H.S.) Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 21st 1915 at 5:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Glenns [illegible]

Filed ~~[illegible]~~ 19..... April, 21, 1915. W. H. Schuyler, M.D. Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD
NO MOTH'S

DUP OF 1915-358043

Dup of 358043

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-212-037-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30213

County of Owyhee

City of Near King Hill

No. ..... St.

Hospital .....

Registration District No. 43 File No. .....

Primary Registration District No. 2120 Registered No. 21

FULL NAME OF CHILD Elizabeth Mollison Duncan

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	2	yes	April 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A. Duncan	FULL MAIDEN NAME	Elizabeth Mollison
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 12th 1915 at 12:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenn's Ferry Idaho.

Filed April 21, 1915 W. H. Schuyler M.D.
Registrar

Registrar

S-Y CO. 24685

369-213-037-353

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Owyhee County.

No. _____ St.

Hospital _____

Registration District No. 43 File No. 30214

Primary Registration District No. 2120 Registered No. 22

FULL NAME OF CHILD Sesus Cortabitarte

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	4th (To be answered only in event of plural births)	yes	April 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eustaquio Cortabitarte	FULL MAIDEN NAME	Claudia Lecertua
RESIDENCE	Owyhee County.	RESIDENCE	Owyhee County.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman & Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1230 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Jones M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Jordan Valley Oregon

Filed May 1, 1915 W. H. Schuyler, M.D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-20910 98

PLACE OF B[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30215

County of Bear [redacted]

City of Montpelier Registration District No. 52 File No.

No. St. Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Edna Pearl Griffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis C. Griffin	FULL MAIDEN NAME	Emma C. Bryan
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Butte Montana
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn
physician
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 5/31/ 1915 [signature]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 15 1942

PLACE OF B

653-1064 004-763

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30216

County of Bear Lake

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Francis Parley Welsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	May (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Simon Martin Welsh	FULL MAIDEN NAME	Jessie Potter
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	England
OCCUPATION	track foreman	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn

physician (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 5/31/1915

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OREGON
BUREAU OF VITAL STATISTICS

1962

294-228-004-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30217

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Vilate Bruce

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth April 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas U. Bruce	FULL MAIDEN NAME	Emma E. Smith
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Bennington Ida.
OCCUPATION	Blacksmith O.S.L.R.R.	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 5/31/1915

H. H. Young M.D.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-128-004-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 30218

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Orloe Zumbrennen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 28 1915

FATHER		MOTHER	
FULL NAME	J A Zumbrennen	FULL MAIDEN NAME	Effie Brown
RESIDENCE	Sheep Creek	RESIDENCE	Sheep Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montpelier	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/31/1915 [signature] Registrar

Registrar

S-Y CO. 20174

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On December 21, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared Viola B. Zumbrunnen Mabey, known to me to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

WITNESS my hand and official seal.

Signature _____

Virginia B. West
Name (Typed or Printed)

OFFICIAL SEAL
VIRGINIA B. WEST
NOTA... PA
My Commission Expires ..., 1979

(This area for official notarial seal)

STAPLE HERE

12/9/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
28 9 1 42 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 30218

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Zumbrunnen (Name on Original Certificate) who was born (Was Born or Died) on April 28, 1915 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Zumbrunnen	~~John Orloe Zumbrunnen~~
		John Orloe Zumbrunnen

Subscribed and sworn to before me this 21st day of December, 1976

Notary Public, residing at 22907A Nadine Cir. Torrance Ca.

My commission expires 11-27-79

(Seal)

Signed [illegible] Zumbrunnen [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Elden Ave Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1977

David C. Kimmingway

Notary Public, residing at Salt Lake City, Utah

My commission expires March 15, 1977

(Seal)

Signed Virginia K. Matley
(Signature of Any Credible Person)

[illegible] R St
Salt Lake City Utah 84103
(Street Address, City, State)

FORM DH 60-155

Rep. Pd Rec # 07910

Certif of Birth from the LDS Church gives name as John Orloe Zumbrunnen born April 28, 1915 at Montpelier, Idaho. father's nameas John W. Zumbrunnen and mother's nameas Viola Brown. entered on record July 25, 1915 Viewed by V S FEB 8 1977

Appliction to Membership in the Iowa State Mens Traveling Assoc. gives nameas John Orlo Zumbrunnen. dated Feb 12, 1952. viewed by V. S.

394-223-004-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30219

County of Bear Lake

City of Montpelier

No. ——— St.

Hospital

Registration District No. 52 File No.

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Margerie Ruth Trussell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Trussell	FULL MAIDEN NAME	Rose Holenweger
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laundryman	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn
physician
(Physician or midwife)

Address Montpelier Idaho

Filed 5/31/ 1915 S H Hotney Reg.
Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1974

266422-004-866

Form V. S. No. 11-G—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

No. ..... St.

Hospital .....

Registration District No. 52 File No. 30220

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	July 22 1915

FATHER		MOTHER	
FULL NAME	John Bowman	FULL MAIDEN NAME	Mary Hopsmith
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culey

Monkeen (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/31/ 1915 H H King (Registrar)

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818/20-004-337

Amended 4-4-63 (Be sure the information is complete and accurate)

State File No. 30221

Local Reg. No.

Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Ira b. (Middle): Eldon c. (Last): Hays, Jr.

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 20, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): Ira b. (Middle): c. (Last): Hays

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mo.

11a. USUAL OCCUPATION: O S L Engineer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mollie b. (Middle): M. c. (Last): Clifford

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Geo. F. Ashley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5/31/1915

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

K

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

spondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 30221

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ira Eldon Hays, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Apr. 20, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	S. A. Brown	Mollie M. Clifford
Mother's Age (at time of this child's birth)	30	34 - Feb. 9, 1881
Father's Age (at time of this child's birth)	33	36 - Feb. 4, 1879

Subscribed and sworn to before me this 30th day of November, 19 62

P. A. McDermott.

Notary Public, residing at Pocatello, Idaho

My commission expires 11/10/65

(Seal)

Signed Mollie C. Hays

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1333 N. Harrison, Pocatello, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 11-20-62. one copy pd. rec. #19194.

Another Child's Birth Cert. on file: (Idaho Birth) #4264 viewed by V.S.

Photo Copy of Page from Family Record, titled Births, gives the following information Ira Ellahu Hays, born Feb. 4, 1879 and Mollie Mackey Clifford, born Feb. 9, 1881 at Clarksville, Mo. - viewed by V.S. appears old and unaltered

Photo Copy of Certificate of Marriage, State of Missouri, married August 8, 1904 at Bowling Green, Pike County, Missouri gives full name of groom as Mr. Ira E. Hays and full name of bride as Miss Mollie M. Clifford - viewed by V.S. married by R.O. Elmore, Minister -

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 30221

County of Bear Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for no name (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on April 20, 1915, (DATE OF EVENT) in Montpelier, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of her knowledge, the true facts as shown by myself as mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Ira Eldon Hays, Jr.

Subscribed and sworn to before me this 4th day of May, 19 42

Chas E Harris

Notary Public, residing at Montpelier, Idaho.

My commission expires March 7, 1946 (SEAL)

Signed Mollie C. Hays, Mother.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Montpelier, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 19 42

Chas E Harris

Notary Public, residing at Montpelier, Idaho

My commission expires March 7, 1946 (SEAL)

Signed [illegible]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Montpelier, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 6 1942 By .....

(REGISTRAR'S SIGNATURE)

APR 1 1963

693-119-004-213

PLACE OF BIRTH

Form V. S. No. [illegible] 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30222

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A W Wilber	FULL MAIDEN NAME	Ethel Bacon
RESIDENCE	Montpelier	RESIDENCE	Montpelier Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Geo Town
OCCUPATION	Mail Carrier	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 5/31/ 1915 H H King MD

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895 118 004 867

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Bent~~ Bear Lake

City of Wardboro

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 30223

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sep 18 1915

FATHER		MOTHER	
FULL NAME	Bert Dunnick	FULL MAIDEN NAME	Maude Dayton
RESIDENCE	Wardboro	RESIDENCE	Dungee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wardboro	BIRTHPLACE	Dungee
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lucy

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/31/1915

[signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3-7-60

PLACE OF BIRTH

44411 7.004-944

County of Bear Lake

City of Raymond

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 30224

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Marvin Leroy Mumford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	April 17, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Clarence L. Mumford	FULL MAIDEN NAME: Elizabeth Zumbrennen
RESIDENCE: Raymond	RESIDENCE: Raymond
COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Salt Lake City, Ut.	BIRTHPLACE: Montpelier, Ida.
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

Physician
(Physician or midwife)

Address Montpelier, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5/31/1915 H.H. King, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming } ss.
County of Lincoln }

Certificate No. 30224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Mumford (Name on Original Certificate) who born (Was Born or Died) on April 17, 1915 (Date of Event) in Raymond, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marvin Leroy Mumford
Full Name of Father	Roy Mumford	Clarence L. Mumford
Full Maiden Name of Mother	Eliza Zumbunn	Elizabeth Zumbrennan

Subscribed and sworn to before me this 9th day of December, 1959

George A Ellsworth

Notary Public residing at Cokeville, Wyo.

My commission expires May 1, 1962

(Seal)

Signed Elizabeth Z Mumford and Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 301 - Cokeville Wyo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1959

George A Ellsworth

Notary Public residing at Cokeville, Wyo.

My commission expires May 1, 1962

(Seal)

Signed Grace Ellsworth
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 9-2-59. nm

L.D.S. Church Certificate of Baptism and Confirmation, Sept. 1, 1923 gives child's name as Marvin Leroy Mumford, born April 17, 1915 at Raymond, Idaho to Clarence L. Mumford and Elizabeth Zumbrennen - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood - being ordained a Deacon, July 3, 1927, gives full name as Marvin LeRoy Mumford, father's name as Clarence LeRoy Mumford and mother's name as Elizabeth Zumbrennen - viewed by V.S.

Delayed Birth Certificate, State of Utah, State File No. 32674, Jan. 6, 1956 for Clarence Leroy Mumford - certified photostat copy sent in - viewed by V.S.

Aetna Life Insurance Co. Policy, # N 1 863 955, July 9, 1955 gives full name as Marvin Leroy Mumford, born April 17, 1915 at Raymond, Idaho. - viewed by V.S.

128-114(004-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardbow

Registration District No. 52 File No. 30225

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Cohey	FULL MAIDEN NAME	Esda Stewart
RESIDENCE	Dingle	RESIDENCE	Wardbow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuby

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 5/31 1915 [illegible] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-255599

266-213-004-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 30226

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. C. Bowman	FULL MAIDEN NAME	Mary Wicker
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cokeville Wyo	BIRTHPLACE	Bloomington
OCCUPATION	O S L Fireman	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/31 1915 S H H King MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

386-113-004-759

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 30227

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Blain Lyons. BLAINE MacLENNAN LYON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	Apr. 13 1915

FATHER		MOTHER	
FULL NAME	James Blain Lyon	FULL MAIDEN NAME	Sarah Jane Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Machinist.	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn

physician (Physician or midwife)

Address Montpelier Idaho

Filed 5/31/ 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bannock

Certificate No. 30227

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blain Lyons (Name on Original Certificate) who Born (Was Born or Died) on April 15, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Lyons	Lyon
Name	Blain	Blaine MacLennan

Subscribed and sworn to before me this 26th day of September, 19 42

Notary Public, residing at Pocatello, Idaho

My commission expires March 19, 1945
(Seal)

Signed Mrs. Blaine Lyon Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 1942

249-108-004-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30228

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jy 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Smith	FULL MAIDEN NAME	Mary Beuly
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Bear Idaho
OCCUPATION	O. S. L. Brakeman	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/31/ 1915 S H Hitting M.D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1975

392-2081004-296 Amended Child's Full Name 12/4/02 LME

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30229

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD HELEN MARR TIBBITTS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Gil		Yes	Aug 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Tibbitts	FULL MAIDEN NAME	Mary Brown
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Logan Utah
OCCUPATION	O. S. L. Conductor	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

Montpelier (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 5/31/1915 [illegible] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. 02 NOV 21 PM 2:32 Certificate No. 30229

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed Tibbitts (Female) (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1915 (Date of Event)

in Moutpielier (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Helen Marr Tibbitts

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Utah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of November, 2002

Notary Public, residing at Am Fork UT

My commission expires 9-17-06

(Seal)

NOTARY PUBLIC
STATE OF UTAH
My Commission Expires
September 17, 2006
MARLE S. FACKRELL
33 West Main Street
American Fork, Utah 84003

Signed Helen G Sawling

(Signature of Any Credible Person)

426 N Brigham Ave American Fork UT 84003

(Street Address, City, State)

FORM DH 60-155

Standard Certificate of Live Birth from the State of Wyoming for Helen Gay Newman born on 5/26/1947 parents are Jesse Wayne Newman adn Helen Marr Tibbitts. Viewed by V.S.

Certificate of Death for Helen Marr Tibbitts Newman who died on 12/5/1997 in the State of Utah. Local File # 25-1441. Viewed by V.S.

Amended 4/18/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30230
Local Reg. No.
Reg. Dist. No. 52

643-166-004-893

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mayo
b. (Middle): Dewitt
c. (Last): Wilcox

4. SEX: Boy
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) April (Day) 6, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): L.
b. (Middle): S.
c. (Last): Wilcox

8. AGE (At time of this birth): 27 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Garden City, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lillie
b. (Middle):
c. (Last): Hildt

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Garden City, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley
19. ADDRESS: Montpelier, Idaho
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 5/31/15
22. REGISTRAR'S SIGNATURE: H. H. King, M. D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME 6AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 30230

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wilcox (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mayo DeWitt Wilcox
Father's name	S. A. Wilcox	L. S. Wilcox
Mother's name	Lilly Hiltd	Lillie Hildt
dte of birth	April 7, 1915	April 6, 1917

Subscribed and sworn to before me this 18th day of April, 1973.

Notary Public, residing at Boise

My commission expires September 15, 1976
(Seal)

Signed Vinna C. Wilcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

212 Locust Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Family group record for Lavess Samuel Wilcox and Lillie May Hildt. Lavess born Oct. 26, 1888 and Lillie May born May 21, 1894. gives child's name as Mayo Wilcox Dewitt bor April 6, 1915 at Montpelier, Idaho. Viewed by V. S.

Family Bible record gives name as Lavess Wilcox born Oct. 26, 1888 and Lilli Wilcox born May 21, 1894 (maiden name given as Hildt.) gives child's name as Mayo Wilcox born April 6, 1915. Viewed by V. S.

Own son's birth certificate on file in Idaho (434358) gives father's name as Mayo DeWitt Wilcox, Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

84-104-004-269

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 30231

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Ap 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J H Hampton	FULL MAIDEN NAME	C A Lorenson
RESIDENCE	Cokeville Wyo	RESIDENCE	Cokeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cokeville	BIRTHPLACE	Ovid Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Mortgage (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address S

Filed 1/31/ 1915

S H Hilling Mgr Registrar

S-Y CO. 20174

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

354-13-004-379

Amended 3-1-76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30232
Local Reg. No. 2136
Reg. Dist. No. 52

1. PLACE OF BIRTH

a. COUNTY: BEAR LAKE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: GENEVA

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: IDAHO b. COUNTY: BEAR LAKE

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: GENEVA

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): WILLARD b. (Middle): JOHN c. (Last): TEUSCHER

4. SEX: MALE

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): MARCH 31, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): JOHN b. (Middle): c. (Last): TEUSCHER

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): GERMANY

10. USUAL OCCUPATION: FARMER

11. KIND OF BUSINESS OR INDUSTRY: FARMING

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): MINNIE b. (Middle): c. (Last): HIRSCHI

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): GERMANY

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. George F. Ashley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier

20. DATE SIGNED: May 31,1915

21. DATE REC'D BY LOCAL REG.: May 31,1915

22. REGISTRAR'S SIGNATURE: H. H. King, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 1 3 22 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30232

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Teuscher (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1915 (Date of Event)

in Raymond (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Willard John Teuscher
Date of birth	April 2, 1915	March 31, 1915
Place of birth & residence	Raymond	Geneva
Mother's name	Mary Hirschi	Minnie Hirschi

Subscribed and sworn to before me this 8th day of January, 1976.

Notary Public, residing at Boise

My commission expires 1-10-76

(Seal)

Signed Minnie Mary Hirschi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #4, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Ordination to the office of Teacher issued by the Geneva Ward, Montpelier, State. gives name as Willard John Teuscher Son of John Teuscher and Minnie Hirschi born March 31, 1915 at Geneva, Bear Lake, Idaho. Baptized August 5. 1923 by E hraim Herzog, L.D.S Church.
Viewed by V.S.
Certificate of Ordination to the office of Priest tto the L.D.S. Church gives name as Willard John Teuscher son of John Teuscher and Minnie Hirschi born March 31, 1915 at Geneva, Idaho. Bpatized August 5, 1923 in L.D.S.Church.
Viewed by V.S.

Certifiaate of Marriage gives name as Willard John Teuscher married December 18, 1935 in the County of Salt Lake in the Sate of Utah. License Issued December 18, 1935
Viewed by V.S

294-207-014194

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30233

County of Canyon

City of Parma

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2007 Registered No. 91

Hospital

FULL NAME OF CHILD ELVA Elizabeth Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	May 7 1915

FATHER	MOTHER
FULL NAME Joseph Simpson	FULL MAIDEN NAME Minnie Ella Anna Armstrong
RESIDENCE Parma R F D	RESIDENCE Parma
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Canada	BIRTHPLACE Canada
OCCUPATION Carpenter	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-100 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Baldwin Jr. M.D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed May 10 1915 Lulu Waldrop Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 30233

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death) for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event) in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Bessie Elizabeth Simpson	Elva Elizabeth Simpson
Mother's name	Elma Armstrong	Annie Elma Armstrong

Subscribed and sworn to before me this 21 day of Aug, 1942.

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Annie Elma Armstrong Simpson Dougal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____.

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 29 1974

AUG 2

655.106.014241

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 30234

Primary Registration District No. 2007

Registered No. 29

FULL NAME OF CHILD Bryce Harlan Weeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harlan Weeks	FULL MAIDEN NAME	Lila L. Smalley
RESIDENCE	Parma RFD	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma

Filed May 10 1915 Lulu Waldorf
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

419-206-014-259

PLACE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 30235

Primary Registration District No. 2007

Registered No. 30

FULL NAME OF CHILD Frankie ~~Ward~~ Durden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Asbury J. Durden	FULL MAIDEN NAME	Mary J. Sieber
RESIDENCE	Purmer RFD	RESIDENCE	Purmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed May 10 1915

Lulu Waldrop
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1968

253-127-014-814

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 30236

No. ..... St.

Primary Registration District No. 2007 Registered No. 34

Hospital .....

FULL NAME OF CHILD Donald Eugene Bell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	5 (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Bell	FULL MAIDEN NAME	Margaret M. Hamilton
RESIDENCE	Parma Ida	RESIDENCE	Parma Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M-D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma, Idaho.

Filed June 1 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1974

418-108014-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Greenleaf

Registration District No. 3

File No. 30237

No. ..... St.

Primary Registration District No. 2007

Registered No. 33

Hospital .....

FULL NAME OF CHILD Henry Gardner Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burt C. Day	FULL MAIDEN NAME	Maple Ida. Waldron
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one

Number of children of this mother now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldron, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 10 1915 Lulu Waldron Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/8-107:014-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder Precinct

Registration District No. 9 File No. 30238

No. — St.

Primary Registration District No. 2007 Registered No. 32

Hospital —

FULL NAME OF CHILD Herman Albert Jahnke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	6 7 1913

FATHER		MOTHER	
FULL NAME	Albert Jahnke	FULL MAIDEN NAME	Hattie Waldron
RESIDENCE	Caldwell R.1.	RESIDENCE	Parma R.1.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	N. Dakota
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed May 7 1913 Ruth Waldron
Registrar

B-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1975

JUN 1 0 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-119-844-454

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88

File No. 30239

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bazil Orell	FULL MAIDEN NAME	Elma Demeau
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mo
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schuntz

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Cambridge Idaho

Filed May 1 1915 C E Schuntz Registrar

S-Y CO. 20174

[redacted]

DuP061915-327180

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-20[redacted]

PLAC[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
[redacted]UREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Cambridge

Registration District No. 88

File No. 30240

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ray Beason	FULL MAIDEN NAME	Lizzie Slabaugh
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz

[illegible] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge

Filed May 6 1915 C E Schmutz Registrar

..... Registrar

S-Y CO. 20174

4/15-12 4:042-432

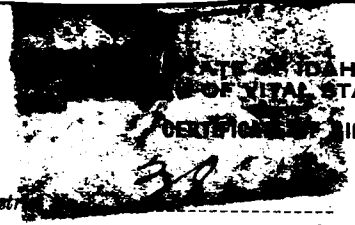
PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....



STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

30241

Registration District No. 39

File No. .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Dixon H. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	May 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dixon H. Davis	FULL MAIDEN NAME	Nora M. Pride
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Liveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 P.M. on the date above stated.

(Born alive or ~~Stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed June 19 15 A A Newberry

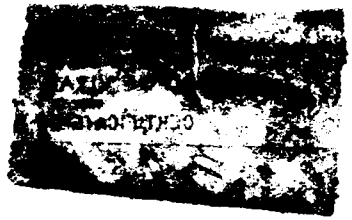
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-115-042-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30242

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. ____ St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD ~~Albert~~ Theodore Harshbarger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	May 15 1915

FATHER		MOTHER	
FULL NAME	Odo Belle Hildebrand	FULL MAIDEN NAME	J. F. Harshbarger
RESIDENCE	Filer	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Housewife.	OCCUPATION	Farmer

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. A A. Newberry

(Physician or midwife)

Address

Filed May 15 1915 A A Newberry Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1945

28 24.042 377

Form V. S. No. 11-C—20m-2-15-19

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30243

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Zelma Ruth Shank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	May (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eli Andrew Shank	FULL MAIDEN NAME	Estu Lapp.
RESIDENCE	Filer. Ida.	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Third. Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Filer, Ida

Filed June 1915

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1967

764 227 004 884

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

[redacted] OF IDAHO
B[redacted]TAL STATISTICS
[redacted]TE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 30244

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD La Rue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum S. Pardoner	FULL MAIDEN NAME	Sarah A. Hymas
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 6-9-1913 R. J. Sutton Registrar

Registrar

R-Y CO. 20175

[redacted]

365.205.004-236

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30246

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Mary Consoni

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Consoni	FULL MAIDEN NAME	Freda Stoker
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	N. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	H-W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 6-9- 1915 R J Sutton Registrar

..... Registrar

S-Y CO. 20175

APR 15 1942

663-101-004-415

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 30247

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mal		Yes	April 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert W. Wollentine	FULL MAIDEN NAME	Emily E. Davis
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 9 Ch. Number of children of this mother now living, including present birth 9 Ch.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 6-9-1915 R. Sutton Registrar

..... Registrar

S-Y CO. 20175

767-227-004-719

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ..... St.

Hospital .....

Registration District No. ..... File No. 30248

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Louise Pope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burton A. Pope	FULL MAIDEN NAME	Laura A. Gardner
RESIDENCE	Garden City, Utah	RESIDENCE	Garden City, Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Fish Haven Idaho
OCCUPATION	Farmer	OCCUPATION	NW

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cooley

M. P.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Ida

John Mathon
Registrar

Filed June 9 1915 John Mathon
Registrar

CO. 20175

993210-004-243

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 30249

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Orita Ruth Rich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 10 1915

FATHER		MOTHER	
FULL NAME	John E Rich	FULL MAIDEN NAME	Hortense Ruth
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Colored (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

John Mathews Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed June 7 1915 John Mathews Registrar

8-V Co. 20175

SEP 1 1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 11 1946

235-217-007-955

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]ISTICS
CERTIFIC[redacted]

County of Blaine

City of Hill City

No. 3 mi South St.

Hospital

Registration District No. 58

Primary Registration District No. 2138

File No. 30250

Registered No.

FULL NAME OF CHILD Grace Stevenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. N. Stevenson	FULL MAIDEN NAME	Margaret Reed
RESIDENCE	Hill City 3 mi South	RESIDENCE	Hill City 3 mi
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Coffeeville [redacted]	BIRTHPLACE	Salt Lake City Ut
OCCUPATION	Farm[redacted]	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Hill City

Filed 5-19 1915 D B Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-107-007-000

PLACE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30251

Registration District No. 38 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Floyd Edward Tracy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 7 1915

FATHER	MOTHER
FULL NAME Geo. F Tracy	FULL MAIDEN NAME
RESIDENCE Hill City (4 mi west & 2 mi South	RESIDENCE Hill City 4 mi west & 2 mi South
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE North Bend Neb	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Nevada Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O R Bloom M D

(Physician or midwife)

Address Hill City

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1915 D. M. Griggs Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 14 1945

2 no mother

799-114-A4-652

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

30252

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 51 File No. 2

Primary Registration District No. 2130 Registered No. 9

FULL NAME OF CHILD Joseph Fritzl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael Fritzl	FULL MAIDEN NAME	Mary Weber
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Bohemia Austria	BIRTHPLACE	Bohemia, Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Fruitland, Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 10 1915 Crispin Wright
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 7 1971

FEB 18 1942.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-122-029-363

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Near Moscow

Registration District No. 61

File No. 30253

No. ..... St.

Primary Registration District No. 2141

Registered No. 57

Hospital .....

FULL NAME OF CHILD John Lycurgus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	May 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R M Hall	FULL MAIDEN NAME	Bessie M Collins
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D. (Physician or midwife)

Given names added from a supplemental report

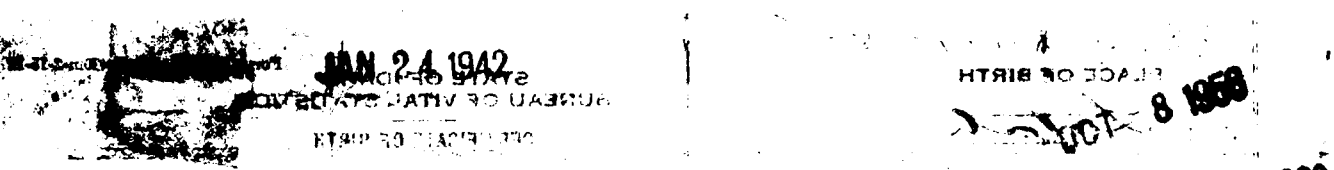
..... 19.....

Address Moscow, Idaho

Filed May 31 1915 D F Rae Registrar

..... Registrar

S-Y CO. 20174


JAN 24 1942
OCT 8 1958
APR 18 1960

417-214-029-313

PLACE OF BIRTH

County of Idaho

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-G—20m-2-15-12

30254

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 65

FULL NAME OF CHILD Dorcas Magedline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem	9	Yes	May (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew J Hendrickson	FULL MAIDEN NAME	Stella Calson
RESIDENCE	Troy	RESIDENCE	~~Minn~~ Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

Moscow Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 20 1915 D F Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1976

345-118-1029-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 30255

Primary Registration District No. 1011 Registered No. 49

FULL NAME OF CHILD Melvin Albert Lundquist

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claus A. Lundquist	FULL MAIDEN NAME	Hulda Anderson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed May 24, 1915 D. F. Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1942

366-120-029-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30256

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 50

FULL NAME OF CHILD DONALD WALTER TOWN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 20 1915

FATHER		MOTHER	
FULL NAME	C W Town	FULL MAIDEN NAME	Flora E. Harrington
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed May 24 1915

D F Rae
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 30256

OCT 12 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Boy (unnamed) Town (Name on Original Certificate) who Born (Was Born or Died) on May 20 - 1915 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents Birth Record (Bible Record, Insurance Policy, Etc.) prepared on At time of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Walter Town

Subscribed and sworn to before me this 14
day of July, 1942

Notary Public, residing at Moscow Ida

My commission expires July 21 - 1945
(Seal)

Signed Mrs Walter Town
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 East A St Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of July, 1942

Notary Public, residing at Moscow

My commission expires July 21 - 1945
(Seal)

Signed Mrs. Maud F. Martin
~~Mrs Walter Town~~
(Signature of Any Credible Person Other Than Previous Year)

424 East B
(Street Address, City, State)
Moscow Idaho

JUN 8 1915

OCT 13 19[illegible]

599.207.029-753

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 30257

Primary Registration District No. 1011 Registered No. 51

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 7 1915

FATHER		MOTHER	
FULL NAME	M. E. Erickson	FULL MAIDEN NAME	Anna M Peterson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Sweeden	BIRTHPLACE	Finland
OCCUPATION	Labor	OCCUPATION	H W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed June 1 1915 D F Ray Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-220-029-133

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 30258

Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Rosettie Helen Flieger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 20 1915

FATHER		MOTHER	
FULL NAME	Louis C Flieger	FULL MAIDEN NAME	Mattie Belle Allen
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 5-a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) a neighbor

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed May 29 19 15 D. F. Rae

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 6 1974

168-110029-268

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Lilly St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30259

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 53

FULL NAME OF CHILD Donald John

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Mar. 10 1915

FATHER		MOTHER	
FULL NAME	E. N. Sargent	FULL MAIDEN NAME	Hannah B Boyson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. Dale	BIRTHPLACE	State of Washington
OCCUPATION	Minister	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M. D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Moscow, Ida.

Filed May 29 1915 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 10 1954

464-215-029-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. R.D. #4 St.

Hospital

Registration District No. 61

Primary Registration District No. 1011

File No. 30260

Registered No. 54

FULL NAME OF CHILD Mary Ellen Moudy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira Moudy	FULL MAIDEN NAME	Fannie Ellen Morton
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Troy, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alin at 6:20 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Dodd, MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed May 30 1915 D. F. Rae

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1944

762-1061029-284

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30261

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 1015 Registered No. 55

Hospital

FULL NAME OF CHILD Cecil Gossett

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elijah Gossett	FULL MAIDEN NAME	Bertha Shultz
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.09 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow

Filed May 12 1915

D. F. Rae
Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-4-41

APR 27 1948

MAY 24 1948

666-121-029-864

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30262

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 56

FULL NAME OF CHILD Ara H. Woodhurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. H. Woodhurst	FULL MAIDEN NAME	Anna M. Hodges
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed May 31 1915 D. F. Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1942

613-102-029-439

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30263

County of Latah

City of Moscow

No. 120 N. Howard St.

Hospital

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 58

FULL NAME OF CHILD Not named Walter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. W. Lundquist	FULL MAIDEN NAME	Grace McInturff
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Aurora, Missouri
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:20 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

Filed June 3 1915

D F Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

518-219-029-785

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 30264

Primary Registration District No. 1011 Registered No. 59

FULL NAME OF CHILD Lois Mae Naylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 19 1915

FATHER

FULL NAME J. Ralph Naylor

RESIDENCE Moscow

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Helen M. Phelps

RESIDENCE

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ill

OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed May 31 19 15 L. F. Rae

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-112029-296

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30265

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 60

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 12 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	A. A. Minden	FULL MAIDEN NAME	Pollie Brock
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ort Kansas	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed May 31 1915 D F Rae

..... Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

538-204-029-619

Form V. S. No. 11-C—25m-1-1-18

"PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30266

County of Latah

City of Moscow

No. 234 N. Nash St.

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 61

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female				Yes	June 4, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Eldridge	Rose Jacobs
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Missouri	Washington
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

(Signature) Chas. L. Freeman, M.D.

(Physician or midwife)

Address Moscow

Filed June 5 1915

D. F. Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DUP 001915-193522

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-130-029-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30267

County of Latah

City of Moscow

No. Washington St.

Hospital

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 62

FULL NAME OF CHILD Howard McSargent

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Mail			1	Yes	May 30th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Inger McSargent	FULL MAIDEN NAME	Ada Tracy
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Oreg.
OCCUPATION	Paperhanger	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Moscow Idaho

Filed June 5 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

389-214-029-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30268

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem	4	Yes	May (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Tyrrell	FULL MAIDEN NAME	Bessie Mathews
RESIDENCE	Kiona Wash.	RESIDENCE	Kiona Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kans.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 5 1915 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-202029-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30269

County of Idaho

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 64

FULL NAME OF CHILD Ruth E. Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem		1	Yes	May (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl H. Johnson	FULL MAIDEN NAME	Ester G. Kresterson
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wis	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed June 5 1915 D. F. Rae

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1975

355-228029-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of ~~Latah~~ Moscow

Registration District No. 61

File No. 30270

No. ..... St.

Primary Registration District No. 1011

Registered No. 66

Hospital .....

FULL NAME OF CHILD Lois M. Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem	2	Yes	April 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jonas W. Lee	FULL MAIDEN NAME	Augusta Elizabeth Batey
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed May 10 1915 D. F. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 2 1967

194-105-029-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lolah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 30271

Primary Registration District No. 1011 Registered No. 67

FULL NAME OF CHILD Glenn Armstrong

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		4	Yes	May (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos Armstrong	FULL MAIDEN NAME	Myrtle Gregory
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

Moscow (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed May 10 1915 D F Rae

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-223-029-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Adams & 5th St.

Hospital Nora

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 30272

Primary Registration District No. 1011 Registered No. 68

FULL NAME OF CHILD Nellie Jacobine Halverson

Sex of Child Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hans Halverson	FULL MAIDEN NAME	Jessie E. Woodhurst
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Latah Co Idaho	BIRTHPLACE	Midland Co, Mich
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed June 7 1915 D. F. Rae

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1942

JUL 30 1953

134-219029-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Aspray

Registration District No. 51

File No. 30273

Primary Registration District No. 1011

Registered No. 69

FULL NAME OF CHILD KATHLEEN MARIE GENEVIEVE ~~[illegible]~~ Almquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	May 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Almquist	FULL MAIDEN NAME	Anna Kueber
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Perham Minn
OCCUPATION	Laborer - Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 8 (Born alive or stillborn), at A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed June 1 1915 D F Rae Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }ss.
County of ..... }

Certificate No. 30273

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of ... knowledge, the
true facts are ~~shown by~~ ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jenevieve	Kathleen Marie Genevieve Almquist

Subscribed and sworn to before me this ... day of ....., 1943

..... Notary Public, residing at .....

My commission ~~expires~~ .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

.....
(Street Address, City, State)

My commission expires .....
(Seal)

OCT 15 1943

OCT 29 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-127-016-643

PLACE OF BIRTH

Form V. S. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30275

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 2149 Registered No. 33

FULL NAME OF CHILD Wm Garvin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Garvin	FULL MAIDEN NAME	Annie Teete
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report:

..... 19....

Address Oakley Idaho

Filed 5/28 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

[redacted] 1942

OCT 6 1952

285-111-016-814

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m—[illegible]-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30276

Registration District No. 120 File No. 14

Primary Registration District No. 2199 Registered No. 34

FULL NAME OF CHILD Shepherd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Shepherd	FULL MAIDEN NAME	Bessie Sadlock
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 5/28 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1971

319-114-016-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30277

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 2199 Registered No. 35

FULL NAME OF CHILD Floyd J Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Larson	FULL MAIDEN NAME	Alice L Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Nelson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/28 1915 E. P. Oldham
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1969

719-122-016-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30278

County of Cassia

City of Churchill

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 2199 Registered No. 36

Hospital

FULL NAME OF CHILD William Arthur Garrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. A. Garrison	FULL MAIDEN NAME	Clara Peterson
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. A. Wiedon Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5/28/15 E. P. Oham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1942

DEC 15 1942

418-211016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30279

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 170 File No. 14

Primary Registration District No. 2199 Registered No. 37

FULL NAME OF CHILD Deloria C. Dahlquist

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	5 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Dahlquist	FULL MAIDEN NAME	Zeela Day
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Oakley

Filed 5/28 1915 E P Oldham

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943

795-116016-434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30280

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120 File No. 44

Primary Registration District No. 2199 Registered No. 38

FULL NAME OF CHILD Allan Cecil Green

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	5 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Green	FULL MAIDEN NAME	Vivian V. McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Idaho
OCCUPATION	Ditchrider	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:20 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Holohan MD

Oakley
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5/28 1915

E. Holohan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1942

993-224-016-845

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassid

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30282

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 40

FULL NAME OF CHILD Verness Richins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	5 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orson Richins	FULL MAIDEN NAME	Mabel Hunter
RESIDENCE	Grouse Creek Utah	RESIDENCE	Grouse Creek Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Oldham MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 5/28 1915

S. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-228-016-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30283

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 2199 Registered No. 41

FULL NAME OF CHILD Anna Leona Fairchild

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	5 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Harvey Fairchild	FULL MAIDEN NAME	Eva Craner Cox
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Alohan

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 5/28 1915 E P Alohan Idaho
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-205-016-497

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30284

County of Cassid

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 8199 Registered No. 42

FULL NAME OF CHILD May Nickerson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Mar. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. L. Nickerson	FULL MAIDEN NAME	Ethel Mix
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Nickerson

Parent
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 5/29 1915 E. P. Oham
Registrar

S-Y CO. 24655

AUG 3 0 1973

168-203-016-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30285

Registration District No. 170 File No. 111

Primary Registration District No. 899 Registered No. 43

FULL NAME OF CHILD Olive Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	6 - 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas A. Johnson	FULL MAIDEN NAME	Elvira Kinney
RESIDENCE	Oakley	RESIDENCE	Housewife
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 40 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Oakley

Filed 6/3 1915 E P Oham Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-206-016-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30286

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 2149 Registered No. 44

FULL NAME OF CHILD Celia Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	6 (Month) – 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Franklin D Robinson	FULL MAIDEN NAME	Ella May Harper
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	76	AGE AT LAST BIRTHDAY (Years)	76
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:22 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 6/7 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-108016-169

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30287

Registration District No. 120 File No. ~~111~~

Primary Registration District No. 2199 Registered No. 45

FULL NAME OF CHILD Eugene Dee Wadsworth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	4 (Month) – 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Wadsworth	FULL MAIDEN NAME	Clara Elzina Jorgenson
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hooper Weber Co Utah	BIRTHPLACE	Bunker Ville Nevada
OCCUPATION	Farmer	OCCUPATION	Farmer Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E A Sayley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Basin

Filed 6/7 1915 E P Oldham

Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

456-224019-314

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

For [redacted]

30[redacted]

County of Custer

City of Mackay, Idaho

No. _____ St.

Hospital _____

Registration District No. 109 File No. _____

Primary Registration District No. 2187 Registered No. _____

FULL NAME OF CHILD ALICE EVELINE DeWITT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	Two	Yes	Apr. 24 1915

FATHER

FULL NAME: John P. Dewitt

RESIDENCE: Custer, Co.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Josophine Lambson

RESIDENCE: Custer Co.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Mackay, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Farrell

(Physician or midwife)

Address Mackay, Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 5-1-1915 R. Marie Rivers Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Custer } ss.

Certificate No. 30288

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alice Edeline DeWitt (Name on Original Certificate) who born (Was Born or Died) on April 24, 1915 (Date of Event)
in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 25, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alice Eveline DeWitt

Subscribed and sworn to before me this 2
day of July, 1943

Notary Public, residing at Mackay, Idaho

My commission expires July 1, 1945
(Seal)

Signed Josephine DeWitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 8 1943

962-118-019-169

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30289

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 109

File No. .....

Primary Registration District No. 2187

Registered No. .....

FULL NAME OF CHILD Thomas B. Robson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	Fifth	Yes	Apr (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John Robson	FULL MAIDEN NAME Elizabeth J. Jordan
RESIDENCE Mackay, Idaho	RESIDENCE Mackay, Idaho
COLOR White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Penn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.39 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell

Mackay, Id.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 7 1915

..... Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 18 9 29 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 30289

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Robson (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1915 (Date of Event) in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thomas Billy Robson

Subscribed and sworn to before me this 16th day of June, 1975

Signed X Don C Robson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at James E. Valenty
My commission expires 5-15-76
(Seal) Pocatello, Idaho 83201

320 W Chubbuck Rd. #60 Pocatello Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1975

Signed X Lina Tiannini
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho 83201
My commission expires 5-15-76
(Seal)

4542 Yellowstone Ave Pocatello, Idaho 83201
(Street Address, City, State)

CL 5/29/75 1cc pd.

FORM DH 60-155

School record from Pocatello Public School gives name as Tom Robson. Entered school Sept. 13, 1926. viewd by V. S.

JUL - 9 1975

Honorable Withdrawl Card from Local No. 983 gives name as Thomas B. Robson. datex Nov. 28, 1953. viewed by V. S.

Social Security Act gives name as Thomas B. Robson (#518-10-0203. dated Oc.t 18, 1937. viewed by V. S.

959-218-019-319

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30290

County of Custer

City of Chilly

No. ..... St.

Hospital .....

Registration District No. 109

File No. .....

Primary Registration District No. 2187

Registered No. .....

FULL NAME OF CHILD Ora Ella

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	One	Yes	Mar (Month) 18 (Day) '15 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe B. Ivie	FULL MAIDEN NAME	Ora Larter
RESIDENCE	Chilly Idaho	RESIDENCE	Chilly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 4.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mackay, Idaho

Filed June 7 1915 R. Marie Diers Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HTRI

262-231-019-239

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. Cliff creek saddle

Hospital

Registration District No. 109

File No. 30291

Primary Registration District No. 2187

Registered No.

FULL NAME OF CHILD Ana

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	One	Two	Yes	May (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pete Bosich	FULL MAIDEN NAME	Anna Stimach
RESIDENCE	Mackay Idaho	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Mackay, Idaho.

Filed June 1915 R. Marie Beers Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-207-019-917

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30292

County of Custer

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 109 File No. _____

Primary Registration District No. 2187 Registered No. _____

FULL NAME OF CHILD Ethylmae Maddy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	One	One	Yes	May 7 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Earl E. Maddy	FULL MAIDEN NAME: Ella L. Zappa
RESIDENCE: Mackay Idaho	RESIDENCE: Mackay Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nebr.	BIRTHPLACE: Mont.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Mackay Idaho.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed June 7 1915 [signature] Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

MAY 19 1953

AUG 22

719-10 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

30293

County of Custer

City of Darlington

Registration District No. 109

File No.

No. St.

Primary Registration District No. 2187

Registered No.

Hospital

FULL NAME OF CHILD Gerald Allen

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	One	Four	Yes	June (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eno M.Parr	FULL MAIDEN NAME	Hilda Gilbertson
RESIDENCE	Darlington, Idaho	RESIDENCE	Darlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician [redacted])

Given names added from a supplemental report.

19

Address Mackay Idaho.

Filed 1915 R. Marie Diers

Registrar

Registrar

9-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

493-2171029-869

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 30294

Primary Registration District No. 2122 Registered No. 16

FULL NAME OF CHILD Virginia M. Miller

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernst E. Miller	FULL MAIDEN NAME	Louisa Hordeman
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 27 1915 W. H. Ehlen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 2 7 1972

419-1071029-276

Form V. S. No. 11-O—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30295

County of Latah

City of Genesee

Registration District No. 62 File No.

No. St.

Primary Registration District No. 2142 Registered No. 15

Hospital

FULL NAME OF CHILD Herman Albert Dark

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	May 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Dark	FULL MAIDEN NAME	Anna Spouberg
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Student	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehrn

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address

Filed May 8 1915 W. H. Ehrn Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of..... Registration District No..... File No.....

City of..... Primary Registration District No..... Registered No.....

No. ..... St.

Hospital .....

FULL NAME OF CHILD.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 19..

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the above birth, which occurred at ..... M.

(Born alive or stillborn)

(Physician or Midwife)

Dated ..... 19..

Registrar

Dup 01915-305918

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the above birth, which occurred at ..... M.

(Born alive or stillborn)

(Physician or Midwife)

Dated ..... 19..

Registrar

DUPLICATE OF CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of..... Registration District No..... File No.....

City of..... Primary Registration District No..... Registered No.....

No. ..... St.

Hospital .....

FULL NAME OF CHILD.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 19..

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

386-230-029-639

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 30296

Primary Registration District No. 2142 Registered No. 14

FULL NAME OF CHILD Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph G Thompson	FULL MAIDEN NAME	Grace Oliver
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N. J.	BIRTHPLACE	Idaho
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1915 W. H. Ehrn Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

06-551

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30297

Aberdeen Sterling (M.C.M.)

Registration District No. 116 File No. 2

No. ..... St.

Primary Registration District No. 2195 Registered No. 89

Hospital .....

FULL NAME OF CHILD Meta Watts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Ap 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Austen Watts	FULL MAIDEN NAME	Eivy Evans
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Ap 1 1915 M C Mackinnon

Registrar

Registrar

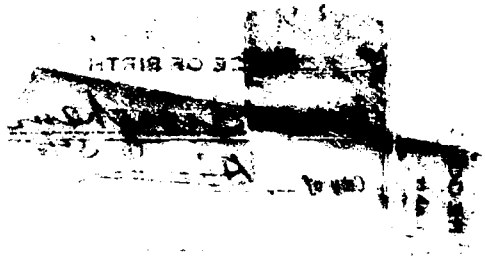
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

APR 6 1948



SEP 28 1964

2-36 [redacted] 033-962

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

County of [redacted]ison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 72

FULL NAME OF CHILD Carlos W. Stone

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of Birth: Jan 16 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas A Stone	FULL MAIDEN NAME	Lucy Roberts
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:50 a M on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address _____

Filed 5-24 1915 [signature]
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30298

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stone (Name on Original Certificate) who was born (Was Born or Died) on January 16, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	[redacted] Carlos W. Stone

Subscribed and sworn to before me this 28 day of
March, 1975

Notary Public, residing at Salt Lake City, Utah
My commission expires 1-22-78
(Seal)

Signed O. DeAnn Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Church Certificate of birth gives name as Carlos W. Stone son of James C. Stone and Lucy J. Dredge. Born January 16, 1915 in Sugar City, Idaho. Recorded Fremont Stake, Sugar Ward Record of Births and Belssings 1914. Page 254 Line 613 Entered on Record Feb. 7, 1915.
Viewed by V.S.

Social Security Card, # 518 09 5638 gives name as Carlos William Stone. Card issued May 2, 1939.
Viewed by V.S

JUN 6 1975

893-1240033-533

Form V. S. No. 11-O[illegible]

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30299

Primary Registration District No. 2178 Registered No. 73

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Jan 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Merkley Hill	FULL MAIDEN NAME	Luella Ellsworth
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Sheepe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Eispe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-112 [redacted] 294

PLACE

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Emmett

Registration District No. 6

File No. 30300

No. ..... St.

Primary Registration District No. 1010

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Jackson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 12 1915

FATHER		MOTHER	
FULL NAME	Merton William Jackson	FULL MAIDEN NAME	Elizabeth Simpson
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

Filed 5-6 1915 J. L. Reynolds

..... Registrar

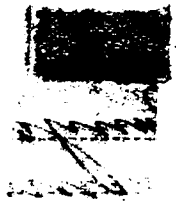
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



295-103-014-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

No. ____ St.

Hospital ____

Registration District No. 6 File No. 30301

Primary Registration District No. 1010 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 – 3 1915

FATHER		MOTHER	
FULL NAME	William Archibald Haskins Sinclair	FULL MAIDEN NAME	Nora Ellen Hall
RESIDENCE	Falk Idaho	RESIDENCE	Falk Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 5 – 3 1915 J. L. Reynolds Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 197

Amended 6-24-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30302
Local Reg. No.
Reg. Dist. No. 6

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Elda
b. (Middle): Grace
c. (Last): Hoopes

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 5 - 20 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Francis
b. (Middle): Marion
c. (Last): Hoopes

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Oregon
10. USUAL OCCUPATION: Farming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Urinda
b. (Middle):
c. (Last): Child

13. AGE (At time of this birth): 32 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. L. Reynolds
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Emmett, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 5-26-1915
22. REGISTRAR'S SIGNATURE: J.L. Reynolds
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the local registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 5 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 30302

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hoops (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1915 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elda Grace Hoopes
Full Name of Father	Fransis Marion Hoops	Francis Marion Hoopes

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [redacted] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 1965

Notary Public, residing at Pleasant Grove

My commission expires June 16 1967

(Seal)

Signed June Salisbury (Signature of Any Credible Person)

143 E. 7th N.

Pleasant Grove Utah (Street Address, City, State)

FORM DH 60-155

CL 2-11-65. nm

Another Child's Birth Cert. on file: (Idaho Birth) #16205 gives full name of father as Francis Marion Hoopes - viewed by V.S.

L.D S. Church Certificate of Record of Membership, Baptized Aug. 3, 1923 gives full name as Elda Grace Hoopes (Hancock), born May 12, 1915 at Emmett Canyon, Idaho to Francis M. Hoopes and Chloe Urinda Child - viewed by V.S.

Statement from Star Valley Public Schools, Afton, Wyoming, dated March 22, 1965, /s/ Carvin H. Linford, Supt. of Schools, states "This is to certify that Elda Grace Hoopes attended school in Con. School District No. 19 during the 1924-25 school term and our records show her date of birth to be May 20, 1915." - viewed by V.S.

285-203-014-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. ..... File No. 30303

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Infant not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 - 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred H Sherwood	FULL MAIDEN NAME	Lenora Cast
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Filed 5 - 4 - 1915 J. L. Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

MAR 5 1959

491-110-623-767

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 6 File No. 30304

No. ..... St.

Primary Registration District No. 1910 Registered No. .....

Hospital .....

FULL NAME OF CHILD Allen Ross Drake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5-10-1915

FATHER	MOTHER
FULL NAME: Ross Willard Drake	FULL MAIDEN NAME: Rena Ellen Gatfield
RESIDENCE: Horseshoe Bend Ida	RESIDENCE: Horseshoe Bend
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Physician (Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

Filed 5-13-1915 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30305

County of Gem

City of Emmett — Registration District No. 6 — File No.

No. ____ St. — Primary Registration District No. 1010 — Registered No.

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 13 1918

FATHER	MOTHER
FULL NAME: James Andrew Keagard	FULL MAIDEN NAME: Mary Elizabeth Gardner
RESIDENCE: Emmett Ida	RESIDENCE: Emmett Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Ranches	OCCUPATION: House wife

Number of child of this mother, including present birth: 6 — Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Idaho

Filed 5-21-1918 J. L. Reynolds
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuPO01915-336105

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2[redacted]029-815

[redacted]F BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]NCE

[redacted] V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Utah

City of Potlatch

No. 865 Larch St.

Hospital

Registration District No. 65

File No. 30306

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD MARION CLIFTON BARNHART

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	April 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J C Barnhart	FULL MAIDEN NAME	Allie Hancock
RESIDENCE	865 Larch	RESIDENCE	Larch St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oklahoma
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 45 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst S Stein

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 203 Palouse Wash

Filed May 15 1915 D. J. W. Thompson

Registrar

S-Y CO. 24655

NOV 29 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Washington)
) SS.
COUNTY OF Snohomish)

AFFIDAVITS FOR CORRECTION OF A RECORD

30306

Allie Hancock Barnhart Helmke of Route #3, Everett, Washington

Being first duly sworn, deposes and says that she is the mother (if related, specify degree, if friend or otherwise, so state) of Marion Clifton Barnhart

who was (was born, died) in the city of Potlatch, County of Latah

on the 20th day of April, 19 15, as stated in a certificate of birth (birth or death) filed by Ernest T. Hein,M.D. (name of physician or midwife,or undertaker for death)

with the Local Registrar for the city of Potlatch, County of Latah

Idaho, on the 15 day of May 19 15.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Name of Child;unnamed Barnhart

Sex of Child: Female Age of Mother:

Mother's Maiden Name: Allei Handcock

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Name of Child: Marion Clifton Barnhart Age of Mother: 25

Sex of Child : Male Mother's maiden Name: Allie Hancock

(Seal)

Allie Hancock Barnhart [illegible]

Address Route #3, Everett, Washington

Subscribed and sworn to before me this 24 day of November 19 41

[illegible]
Notary Public

STATE OF Washington)
) SS.
COUNTY OF Snohomish)

Allie Hancock Barnhart Helmke of Route #3, Everett, Washington

being first duly sowrn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Allie Hancock Barnhart [illegible]

Address bRoute #3, Everett, Washington

Subscribed and sworn to before me this 24th day of November 19 41

(Seal)

[illegible]
Notary Public

VS 44

DEC 3 1971

455-205-029-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 925 Cedar St.

Hospital

Registration District No. 65

File No. 30307

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Alice Carroll Dennison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	~		~	yes	May (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orval Clark Dennison	FULL MAIDEN NAME	Lillian Beardsley
RESIDENCE	925 Cedar	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	~~Labor~~ W. Va.	BIRTHPLACE	Wisc.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-0 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest T Heim MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 203 Palouse Wash

Filed May 15 1915 Dr. Jno. Thompson

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

142-108-029294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. 30308

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD John. Austin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	May 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. Austin.	FULL MAIDEN NAME	Jennie Brotan.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	21. (Years)
BIRTHPLACE	Wyoming.	BIRTHPLACE	Minnesota.
OCCUPATION	Barber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Potlatch Idaho.

Filed May 18th 1915. Dr J. W. Thompson Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

DUP001915-225707

319-101-029-764

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ____ St.

Hospital ____

Registration District No. 65

File No. 30309

Primary Registration District No. 2145

Registered No. ____

FULL NAME OF CHILD Arnold Conrad Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	-	-	yes	May 1 1915

FATHER		MOTHER	
FULL NAME	Anton Larson	FULL MAIDEN NAME	Agnete Paulson
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Gr. Thompson M.D.
(Physician or midwife)

Address Potlatch

Filed May 15th 1915 D. J. Gr. Thompson Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N 4 1942

364-129-029-666

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lutah.

City of Portneuf.

No. ..... St.

Registration District No. 65. File No. 30310

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD (Infant) Courter.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓	✓	yes.	June 25 1915

FATHER		MOTHER	
FULL NAME	Vernon. V. Courter.	FULL MAIDEN NAME	Blanche. Henderwood
RESIDENCE	Harrand.	RESIDENCE	Harrand.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Washington
OCCUPATION	Forest Ranger.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. S. Dart.
M. D.
(Physician or midwife)
Address Palouse. Wash.

Given names added from a supplemental report

..... 19.....

Filed June 1st 1915. J. Jr. Thompson
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-227102 9389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Pattatch

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 30311

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Adeline Jeanette Labarge

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5 – 27 1915

FATHER		MOTHER	
FULL NAME	Lewis A LaBarge	FULL MAIDEN NAME	Maud Jeanette Christie
RESIDENCE	Pattatch	RESIDENCE	Pattatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Steam Fitter	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LePard

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Pattatch Idaho

Filed June 2nd 1915. D. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

259 [redacted] 039-395

IRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30312

County of Power

City of Rockland

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Carol Margaret Bergman Berryman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Magnus Bergman Berryman	FULL MAIDEN NAME	Dora Dean Crosier
RESIDENCE	Rockland	RESIDENCE	Rockland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H Sanders
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rockland Idaho

Filed Mar 1 1915 R F Noth Mid
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-229-039-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Rockland

No. Idaho St.

Hospital

Registration District No.

File No. 30315

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ruth Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) - 29 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Lawrence Robinson	FULL MAIDEN NAME	Fern Peck
RESIDENCE	Rockland Valley, Idaho	RESIDENCE	Rockland Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Rockland, Idaho	BIRTHPLACE	Bluffdale Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot

Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Neeley Idaho

Filed Apr 7 1915 Rt. Noth Mid

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1976

MAR 17 1944

231-2141039-751

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30316

County of Power

City of Neeley (via

No. Am Falls) St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Sarah Amanda Blackmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	3 - 14 1915

FATHER		MOTHER	
FULL NAME	George W. Blackmer	FULL MAIDEN NAME	Edyth May Pease
RESIDENCE	Neeley Idaho	RESIDENCE	Neeley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Dayton Washington	BIRTHPLACE	Alberta Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Neeley Idaho

Filed Mch 20 1915 R.F. North M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1966

689-2191039-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Crystal

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 30317

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Flora Margery Whiting

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes.	Feby. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Forres Whiting	FULL MAIDEN NAME	Margery Butterfield Whiting
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mapleton Ut.	BIRTHPLACE	Dempsey Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Pettit D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed Mch 1 1916 A. F. Nash Mr.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-114-0

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30322

County of Twin [illegible]

City of Filer

No. ..... St.

Hospital .....

Registration District No. 39.

File No. .....

Primary Registration District No. 2077

Registered No. .....

FULL NAME OF CHILD Loren Dwight Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank C. Anderson	FULL MAIDEN NAME	Etta M. Metcalf
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Kan
OCCUPATION	blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltherbee

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Id.

Filed 5-15 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1947

SEP 21 1956

213-226-042-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30323

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2097 Registered No. .....

FULL NAME OF CHILD Orlean Rasy Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.				yes	May 26 1913

FATHER	MOTHER
FULL NAME Calvin H. Baldwin	FULL MAIDEN NAME Stella M. Lowry
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white AGE AT LAST BIRTHDAY 26 (Years)	COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Minn
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive* (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-31 1913 J. A. Merrifield Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1976

913-231-042-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 30324

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Dale Clark Rathbun

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	May (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clark A Rathbun	FULL MAIDEN NAME	Cora F Tibbets
RESIDENCE	4 1/4 S Buhl	RESIDENCE	4 1/4 S Buhl
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Mitchell Co Kan	BIRTHPLACE	Evanston Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 5-31 1915 J. F. Murphy
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 - 1954

195·122·028

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30325

County of Kootenai

City of Coeur d'Alene

No. 702 Indiana St.

Hospital

Registration District No. 12

File No.

Primary Registration District No. 1005 ~~2051~~

Registered No. 794

FULL NAME OF CHILD John Robert Arnold

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	I	I	yes	apr. (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. F. Arnold	FULL MAIDEN NAME	Mary Johnson
RESIDENCE	Coeur d'Alene	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:14 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Hunt Shephard

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 5/10 1915 D. D. Sherman

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 8 1968

893-222-028-573

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30326

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12

File No. .....

Primary Registration District No. 2 051

Registered No. 7[illegible]

FULL NAME OF CHILD Grace Arline Hite

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Pearl Hite	FULL MAIDEN NAME	Edith Epling
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D S Dreeman Md

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 5/10 1915 D S Dreeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-114-028-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 2051 File No. 30327

Primary Registration District No. 12 Registered No. 792

FULL NAME OF CHILD Luther Henry Hensley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Apr (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Hensley	FULL MAIDEN NAME	Maggie Hurt Clark
RESIDENCE	Athol	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ballistrum

Filed 8/10 1915 D D Drennan Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-27-41

554-223-028381

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 30328

Primary Registration District No. 2051 Registered No. 791

FULL NAME OF CHILD Clara Mary Neustel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr. 23, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August H. Neustel	FULL MAIDEN NAME	Georgia Thayer
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum Idaho

Filed 5/10 1915 D D'Drennan Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-204-028-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30329

County of Kootenai

City of Garwood

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2057 Registered No. 790

FULL NAME OF CHILD ~~[illegible]~~ Kathryn Noma George

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	April 4. 1915

FATHER		MOTHER	
FULL NAME	William S. George	FULL MAIDEN NAME	Doris G. Curtis
RESIDENCE	Garwood, Ida.	RESIDENCE	Garwood, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Ohio
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.00 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Idaho

Filed 5/10 1915 D. D. Drennan Registrar

S-Y CO. 24655

K

OCT 2 2 1943
OCT 2 3 1943
OCT 2 7 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-113-028-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 17

File No. 30330

No. _____ St.

Primary Registration District No. 2051

Registered No. 789

Hospital _____

FULL NAME OF CHILD Roland Eugene Albert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr. 13. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Albert	FULL MAIDEN NAME	Celia A. Woolsey
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:00 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Ida

Filed 5/10 1915 D D Drimmer
Registrar

Registrar

S-Y CO. 24655

613-103-028-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30331

County of Kootenai

City of Rathdrum

Registration District No. 12 2051 File No.

No. St.

Primary Registration District No. 7051 Registered No. 788

Hospital

FULL NAME OF CHILD John Elton Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	4 - 3 - 1915

FATHER		MOTHER	
FULL NAME	Elton R Wallace	FULL MAIDEN NAME	Ina Lord
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mich	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Drennan MD

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/10 19 15 S D Drennan
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE. MARGIN RESERVED FOR BI.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-109-028-766

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Garwood

Registration District No. 12

File No. 30332

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 787

Hospital .....

FULL NAME OF CHILD Albert L Lefountaine 7s

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 9 (Year) 1915
M			

FATHER		MOTHER	
FULL NAME	Albert Lefontaine	FULL MAIDEN NAME	Alice Goodrich
RESIDENCE	Garwood	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Drennan

by request of Fountain (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 6/10 1915 S. D. Drennan Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 15-273285

214,106,028-466

Form V. S. No. 11-C—[illegible]

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Coeur d'alene

No. 1015 Cda St. St.

Registration District No. 12

File No. 30333

Primary Registration District No. 1003

Registered No. 777

Hospital -

FULL NAME OF CHILD Arthur Sauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	6 Feb 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis William Sauer	FULL MAIDEN NAME	Nora Ellen Dowel
RESIDENCE	Coeur d'alene Ida	RESIDENCE	Coeur d'alene Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Laseur Mirm	BIRTHPLACE	Tekoa Wash
OCCUPATION	Butcher	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shephard MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 5/10 1915

[illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-126-028-345

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Registration District No. 17

Primary Registration District No. 1023

File No. 30335

Registered No. 773

FULL NAME OF CHILD Leanordy McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	III	Yes	2 6 1915

FATHER		MOTHER	
FULL NAME	J. W. McCoy	FULL MAIDEN NAME	Clara Leanordy
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Retired	OCCUPATION	H.W.

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) J. T. Shepherd

(Physician or midwife)

Address /

Filed 5/10 1915 D. D. Drennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915 -

Dup of 227169

X54-120-028-789 (Be sure the information is complete and accurate)

Amended 8-10-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spokane Bridge (on Idaho Side)

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spokane Bridge, Washington

d. STREET ADDRESS (If rural, give location): (on Idaho Side)

3. CHILD'S NAME (Type or print)

a. (First): Grover

b. (Middle): Gordon

c. (Last): Hearing

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 20, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Grover

b. (Middle): C.

c. (Last): Hearing

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Spokane, Washington

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth

b. (Middle):

c. (Last): Phillips

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Silverton, Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ralph Hanson, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: 209 Jamieson Bldg.- Spokane, Washington

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5/10/1915

22. REGISTRAR'S SIGNATURE: D.D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS WEIGHT AT BIRTH ____ OZS.

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Supporting affidavit of a second party

State of Wash
County of Spokane ss

The undersigned does solemnly swear that he has knowledge of the correcte
facts as set forth above and that they are true to the best of his knowledge.

(Signed) Esther Garrett
N. 9. Skipworth.
Opportunity Road

Subscribed and sworn to before me this 21
day of Sept., 1959.
Notary Public, residing at Spokane
My Commission expires Dec. 19, 1963.
(Seal)

1-5-57 1 copy pd.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King }

Certificate No. 30336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fred Hearing (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)
in Spokane Bridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Fred Hearing	Grover Gordon Hearing

Subscribed and sworn to before me this 13TH day of MAY, 1957

Notary Public, residing at NORTH BEND
My commission expires AUG 11 1958
(Seal)

Signed Grover G Hearing FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

North Bend Wash Rt 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }

Honorable Discharge, June 8, 1953, U.S. Army, gives full name as Grover Gordon Hearing - viewed by V.S.

Grade Transcript, University of Washington, Seattle, Washington, entered Oct. 1, 1934 gives full name of student as Grover Gordon Hearing, born March 20, 1915 - viewed by V.S.

Pharmacist Renewal License, No. 224, expires May 31, 1959 gives full name as Grover Gordon Hearing - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-1 Dec 028 235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30337

County of Kootenai

City of Garwood

No. ..... St.

Hospital .....

Registration District No. IV

File No. .....

Primary Registration District No. 2057

Registered No. 781

FULL NAME OF CHILD Raymond Clifford Strong

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	March 6. 1915

FATHER		MOTHER	
FULL NAME	Harley H. Strong	FULL MAIDEN NAME	Emma M. Steele
RESIDENCE	Garwood - Ida.	RESIDENCE	Garwood, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Kans.	BIRTHPLACE	Minn.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Wray

Physician

(Physician or midwife)

Address Rathdrum, Idaho.

Filed 5/10 1915 W. D. Diamond Registrar

S-Y CO. 24655

FEB 21 1957

MAY 25 1942

247-207-028-265

PLACE OF BIRTH

Form V. S. No. 11-O—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 14 File No. 30338

Primary Registration District No. 2051 Registered No. 780

FULL NAME OF CHILD Gottlieb Kugeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Mch. 7. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gottlieb Kugeler	FULL MAIDEN NAME	Christina Boekel
RESIDENCE	Rathdrum, Ida. R.R. #1	RESIDENCE	Rathdrum, Ida. R.R. #1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Idaho

Filed 5/10 1915 D D Drennan Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

799-207-028-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

U. S. No. 11-C—20m-2-15-12

A+B
30339

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 779

FULL NAME OF CHILD ~~Elmer Lenn Gregg~~ EDNA BELLE & ERMA BESS GRIGG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Females	—		✓	Yes	3 (Month) 7th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Gregg	FULL MAIDEN NAME	Nellie Quinn
RESIDENCE	Near Granite	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	N.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum Idaho

Filed 5/10 1915 D. D. Freeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

Z-Twins A+B
DUP001915-31037

Columbia Falls, Mont.,
May. 4, 1943.

State of Montana)
(SS
County of Flathead)

I, George W. Grigg, of Columbia Falls, Montana, being first duely sworn, depose and say, that Edna Belle Grigg and Erma Bess Grigg, are twins, and they were born to their Mother Nellie Quick (Grigg) and George W. Grigg on March 7th, 1915, at Granit Idaho.

George W. Grigg

Subscirbed and sworn to before me this 4th day of May, 1943.

Notary Public for State of Montana, residing in Columbia Falls.
My Commission expires March 25, 1945.

799-207-028-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

U. S. No. 11-C—20m-2-15-12

A+B
30339

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 779

FULL NAME OF CHILD ~~Elmer Lenn Gregg~~ EDNA BELLE & ERMA BESS GRIGG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Females	—		✓	Yes	3 (Month) 7th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Gregg	FULL MAIDEN NAME	Nellie Quinn
RESIDENCE	Near Granite	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	N.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum Idaho

Filed 5/10 1915 D. D. Freeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

Z-Twins A+B
DUP001915-31037

Columbia Falls, Mont.,
May. 4, 1943.

State of Montana)
(SS
County of Flathead)

I, George W. Grigg, of Columbia Falls, Montana, being first duely sworn, depose and say, that Edna Belle Grigg and Erma Bess Grigg, are twins, and they were born to their Mother Nellie Quick (Grigg) and George W. Grigg on March 7th, 1915, at Granit Idaho.

George W. Grigg

Subscirbed and sworn to before me this 4th day of May, 1943.

Notary Public for State of Montana, residing in Columbia Falls.
My Commission expires March 25, 1945.

265-103-028-249

PLACE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 30340

Primary Registration District No. 2051 Registered No. 778

FULL NAME OF CHILD Melvin Ray Bond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 3. 1915

FATHER		MOTHER	
FULL NAME	Dwight Bond	FULL MAIDEN NAME	Vida L. Burroughs
RESIDENCE	Athol	RESIDENCE	Athol
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mich.	BIRTHPLACE	Wash.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida

Filed 5/10 1915 D.D. Drennen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-102-028-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of C.D.A.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 30341

Primary Registration District No. 2051 Registered No. 775

FULL NAME OF CHILD Fred ~~Hansen~~ Jasper Cristion Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	V 1	Yes	2 ~~XX~~ 2 1915

FATHER		MOTHER	
FULL NAME	Fred ~~Hansen~~ Hanson	FULL MAIDEN NAME	Nellie May Freeman
RESIDENCE	Blue Creek	RESIDENCE	Blue Creek
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 5/10 1915 D O Drennan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

JUN 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30341
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	Fred Hansen	Jasper Cristion Hanson
	Feb. 1	Feb. 2, 1915

Subscribed and sworn to before me this 26
day of May, 1941
[signature]
Notary Public, residing at Fort Cochrane
My commission expires Nov. 30, 1944
[SEAL]

Signed Mina J. Houk, sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Wash } ss.
County of Kitsap }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of May, 1941
[signature]
Notary Public, residing at Fort Cochrane
My commission expires Nov. 30, 1944
[SEAL]

Signed Mina J. Houk
(Signature of any credible person other than the previous affiant)

1612, 3rd St Coeur d'Alene Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 6/10/41. w.h.

769-112028-719

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

Registration District No. 12

File No. 30342

Primary Registration District No. 2057

Registered No. 774

FULL NAME OF CHILD ~~Baby Gorst~~ FREDRICK WESLEY GORST

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		Yes	Jan (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Gorst	FULL MAIDEN NAME	Edith L Parker
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 32

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Trindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Spt Lake

Filed 5/10 1915 D D Drennan Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 30342

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Fredrick Wesley Gorst (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 12, 1915 (DATE OF EVENT)
in Spirit Lake, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by known to me personally (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on from actual knowledge (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Fredrick Wesley Gorst
Date	Not given	January 12, 1915

The undersigned affiant is mother of said child.

Subscribed and sworn to before me this 18th day of February, 1943.

Notary Public, residing at Portland, Oregon
My commission expires September 5, 1943.
(SEAL)

Signed Edith Gorst
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4611 SE Knight St. Portland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Affiant is father of said child.

Subscribed and sworn to before me this 18th day of February, 1943.

Notary Public, residing at Portland, Oregon
My commission expires September 5, 1943.
(SEAL)

Signed Frederick B. Gorst
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
4611 SE Knight St. Portland, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 23 1948

593-228-028-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Foot

City of Pt L

No. ..... St.

Hospital .....

Registration District No. 12 File No. 30343

Primary Registration District No. 2051 Registered No. 786

FULL NAME OF CHILD ~~[illegible]~~ Nichols ~~[illegible]~~ Gertrude Blanche

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		Yes	Mch 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Nichols	FULL MAIDEN NAME	Ada Piatt
RESIDENCE	Sp Lake	RESIDENCE	Sp Lake
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl J Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5/10 1915 D D Freeman
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793129-028318

PLACE OF BIRTH

Form V. S. No. 11-. -25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Foot

City of Sft Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 30344

Primary Registration District No. 2051 Registered No. 785

FULL NAME OF CHILD Don Raymond Gilleland (male) DON RAYMOND GILLELAND

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1		yes	Mch 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Gilleland	FULL MAIDEN NAME	Nola Taylor
RESIDENCE	Sp Lake	RESIDENCE	
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 2 4 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A. Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/10 1915 D O Brennan

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Kootenai }

Certificate No. 30344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for Baby Gilleland (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on March 29-1915 (DATE OF EVENT)
in Spirit Lake Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar. 29-1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	baby Gilleland	Don Raymond Gilleland

Subscribed and sworn to before me this 16
day of February, 1941

E. L. Werner
Notary Public, residing at Everett Wash
My commission expires Dec-4-1942
(SEAL)

Signed Nola J Gilleland
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R#3 Everett Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of February, 1942

E. L. Werner
Notary Public, residing at Everett Wash
My commission expires Dec-4-1942
(SEAL)

Signed O. N. Gilleland
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
R#3 Everett Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on Mar 21 By
(REGISTRAR'S SIGNATURE)

239-227-028-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. _____ St.

Hospital _____

Registration District No. 12

File No. 30345

Primary Registration District No. 2057

Registered No. 784

FULL NAME OF CHILD Baby Stingley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			Yes	Mch 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. A. Stingley	FULL MAIDEN NAME	Laura Eggers
RESIDENCE	Sp. Lake	RESIDENCE	Sp. L.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S. Friedh MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Spt Lake

Filed 5/10 1915 D D Drennan

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-[illegible]-034

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH [redacted]

STATE [redacted]
BUREAU OF VITAL STATISTICS
CERTIFIC[redacted]

County of Minidoka

City of Rupert

Registration District No. 19 File No. [redacted]

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD HELEN MAYBELL SIMS Bulah Simms

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 23 (Day) 1915 (Year) 24th

FATHER		MOTHER	
FULL NAME	Charles W. SIMS	FULL MAIDEN NAME	Delcie Parker
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Given names added from a supplemental report.

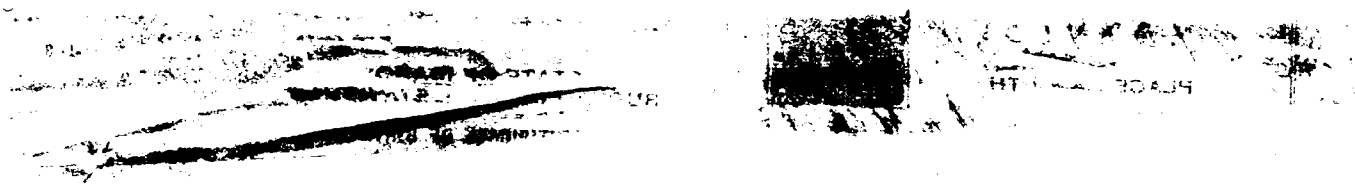
..... 19.....

..... Registrar

Address Rupert

Filed 5-24 1915 C H Scott Registrar

5-Y CO. 24655



JUL 31 1942

JAN 16 19[illegible] NAVY

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 9 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Helen Maybell Sims

5. Date of Birth of Child (Month, day, year) May 24, 1916

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles W. Sims

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Fairbery (City or town) Nebraska (State or foreign country)

14. Exact Occupation Electrician

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Farber

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Powersville (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) May Sims (Mathews) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that L. L. (First name) Scott (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dulcie Sims Mathews Signature
1454 Reynald Ave. P. O. Address
Glendale

Subscribed and sworn to before me this 27 day of July, 1942.

(SEAL) Louis A. Hart Notary Public, residing at Glendale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-013-034-049

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. .....

File No. 30348

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Nellie Chanslor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	4 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W G Chanslor	FULL MAIDEN NAME	Augusta Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	S Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed 4-15 1915

O S H Scott
Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO

AUG 31 2017

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Whitman

Certificate No. 30348

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chanslor (Name on Original Certificate) who born (Was Born or Died) on 4-13-15 (Date of Event)
in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own child's birth cert. (Bible Record, Insurance Policy, Etc.) prepared on Indiana Jan. 12, 1943 (Give Date) Marriage License Aug. 3, 1935 - Idaho, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		both show name as Nellie Chanslor - vs
Child's Name	Unnamed	Nellie Mardeana Chanslor

Subscribed and sworn to before me this 30th day of September, 19 57.

Claude K. Irwin
Notary Public, residing at Pullman
My commission expires April 3, 1959
(Seal)

Signed Augusta E. Chanslor mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

211 Jackson Street, Pullman, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

NN 9-6-57 nm

NOV 29 [illegible]

255-20-094395

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 30349

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Annie Hemingway

Sex of Child: Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 5 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Christ Hemingway	FULL MAIDEN NAME	Olga Lindauer
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Hungaria	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-2 1915 C. J. Scott Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWP021915-157129

613-225-1034-94

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 30350

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Louise Oatman

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: 4 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Oatman	FULL MAIDEN NAME	Olive Brown
RESIDENCE	Rupert,	RESIDENCE	Rupert,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ind.	BIRTHPLACE	Ind
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician (Physician or midwife)

Address Rupert

Filed 4-26-1915 C. H. Scott Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1967
FEB 6 1973
MAR 25 1952
MAR 7 1975

367-130-034265

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. _____ File No. 30351

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Wilbur Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claude Cox	FULL MAIDEN NAME	Idelle Bonney
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ills
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 4 30 1916 C H Scott
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

366-719-034-753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 30352

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Anderson W. Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	II	Yes	April 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. R. Cook	FULL MAIDEN NAME	Sadie Peterson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Utah
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4-30 1916 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-207-034-859

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

~~Form V~~ S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30353

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD EFFIE MARCEL SIMS

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	9	Yes	Feb 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherman Sims	FULL MAIDEN NAME	Margaret Herron
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sherman Sims
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4-30 1915 O. S. Scott
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 30353

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of February 7, 1915 (Birth or Death)

for Dorris (Name on Original Certificate) who Born (Was Born or Died) on Feb. 7, ~~1914~~ 1915 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorris	Effie Marcel Sims

Subscribed and sworn to before me this 25th day of August, 1942

Jim Gamble

Notary Public, residing at 8431 So Bodeway

My commission expires Nov-1-1942 La.

(Seal)

Signed Adeline Sims Barnhart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3944 Vi Ingo Rd. [illegible] Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August 1942

Jim Gamble

Notary Public residing at Los Angeles

My commission expires Nov-1-1942 Calif

(Seal)

Signed Mrs Wesley Ingram

(Signature of Any Credible Person Other Than Previous Year)

8550 So. Flower St Los Angeles Calif

(Street Address, City, State)

AUG 31 1942

SEP 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-2131034-685

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 30354

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maud Burniece Benson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	II	Yes	April 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Benson	FULL MAIDEN NAME	Maud Wheeler
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cafty Sheriff	OCCUPATION	House wife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4-30 1915

[signature] Registrar

Registrar

S-Y CO. 24655

MAR 24 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-219-034-451

PLACE OF BIRTH

County of Minidoka

City of Rayburn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 30355

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD DOROTHY ~~Jennie Marie~~ Redford

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	V	Yes	April 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. B. Redford	FULL MAIDEN NAME	Effie Deal
RESIDENCE	Rayburn Ida	RESIDENCE	Rayburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth V

Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address ..... Rupert

Filed 4-30 1915 O. H. Scott Registrar

8-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Minidoka }

Certificate No. 30355

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jennie Redford (Name on Original Certificate) who born (Was Born or Died) on Apr. 19, 1915 (Date of Event)
in Minidoka County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jennie	Dorothy Redford

Subscribed and sworn to before me this 27
day of Apr. 1943.
J. B. Redford
Notary Public, residing at Rupert, Idaho
My commission expires Feb. 9, 1946
(Seal)

Signed Mrs J. B. Redford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Minidoka }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of April 1943.
H. B. Redford
Notary Public, residing at Rupert, Idaho
My commission expires Feb. 9, 1943.
(Seal)

Signed J B Redford
(Signature of Any Credible Person Other Than Previous Year)

Rupert Idaho
(Street Address, City, State)

APR 2 0 1943

FEB 20 1953
SEP 17 1959

595 20 71 016 25-1

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Jackson

No. ..... St.

Registration District No. ..... File No. 30356

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Rose Nielson

Sex of Child Female	Twin Triplet or other? and Number in order of birth II (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abbert D Nielson	FULL MAIDEN NAME	Bessie Brackett
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Broom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4-30 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-208-034-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mindoka

City of Rupert

No. _____ St.

Hospital _____

Registration District No. _____ File No. 30357

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Leone Dean.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	I (To be answered only in event of plural births)	Yes	April 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. Ray Dean	FULL MAIDEN NAME	Nora Garfield
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Groom.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 4-30 1915

E. H. Scott
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 1 6 1974

394-110-031-413

PLACE OF BIRTH

County of Lewis

City of Ino

No. ..... St.

Hospital .....

[redacted] OF IDAHO

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 5-0 File No. 30358

Primary Registration District No. 2129 Registered No. 98

FULL NAME OF CHILD Stephen Trukosity

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 10 1915

FATHER		MOTHER	
FULL NAME	Stephen Trukosity	FULL MAIDEN NAME	Theresa Matz
RESIDENCE	Ino Ida	RESIDENCE	Ino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Ino Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-11 1915 H. C. Parrish Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

617-115-031-964

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 30359

Primary Registration District No. 2129 Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 15 1915

FATHER

FULL NAME: Wiley T. Wagner

RESIDENCE: Vollmer Ida

COLOR: white AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Tenn

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Marguerite Rominger

RESIDENCE: Vollmer Ida

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: N. C.

OCCUPATION: housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Ice Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 16 19 15 H C Parrish Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-231-031-412

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerris

City of Mohler

No. ____ St.

Hospital ____

Registration District No. 3-6 File No. 30360

Primary Registration District No. 2129 Registered No. 101

FULL NAME OF CHILD Doris Longeteig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 31 1913

FATHER		MOTHER	
FULL NAME	Iver J. Longeteig	FULL MAIDEN NAME	Frances Mason
RESIDENCE	Mohler Idaho	RESIDENCE	Mohler Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-2 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Mo. Idaho.

Filed May 31 1913 H C Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

OCT 1 0 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-110031-992

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mason Precinct

Registration District No. _____ File No. 30361

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Cecil Milfart Lantz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Daniel O Lantz	FULL MAIDEN NAME	Myrtle Risdon
RESIDENCE	Ilo Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry B Blake

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood Ida

Filed May 19 15

_____ Registrar

_____ Registrar

S-Y CO. 24658

335-101-014-814

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

ST[redacted]HO
BUREAU[redacted]TATISTICS
CE[redacted]BIRTH

County of Canyon

City of Nampa

No. R.F.D. St.

Registration District No. 7 File No. 30362

Primary Registration District No. 2006 Registered No.

Hospital X

FULL NAME OF CHILD X William Wesley Clements

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	June 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will J. Clements	FULL MAIDEN NAME	Gladys Hamburg
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

.....19.....

Filed June 4 1915 Dr S D Calouge
Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-229-014-281

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30363

County of Canyon

City of Nampa

No. 401-9th Ave South

Hospital X

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD X Margery Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	May 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Smith	FULL MAIDEN NAME	May Shawger
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed June 4 1915 Dr. S D Calouge

Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1942

791-125-014-653

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30364

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD x Allen Willard Grant

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	x	x	Yes	May 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace H. Grant	FULL MAIDEN NAME	Geneva Wellington
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Oregon
OCCUPATION	R. R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed June 4 1915 Dr S D Calonge
Registrar

Anna Hatfield Deputy Reg

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 23 10 45 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30364

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Grant (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Allen Willard Grant

Subscribed and sworn to before me this 9th day of July, 1975

Notary Public, residing at Idaho

My commission expires Sept 18, 1977

(Seal)

Signed Helen M. Grant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

575 Ex-Midland Blvd Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 9-9-75. in office

JUL 2 3 1975

Own childs Hospital Birth Certificate, Merry Hospital, Nampa, Idaho
Linda Aline Grant born April 24, 1941 , father Allen Williard Grant, mother Helen Gakey.
Viewed by VS

Marriage License and Certificate - State of Idaho,Canyon County, Nampa, Idaho , Allen Grant and Helen Gakey married Feb. 12, 1939.
Viewed by VS

Own childs birth certificate Judith Carol Grant born Aug. 7, 1944 at Nampa, Idaho, State file # 394915 gives fathers name as Allen Willard Grant.
Viewed by VS

Social Security Card # 700-09-3214 gives name as Allen Willard Grant dated Feb. 3, 1937.
Viewed by VS

815-124-014-294

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30365

County of Canyon

City of Nampa

No. R. R. No 2 St.

Hospital

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Clifford Clough Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	May 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Hansen	FULL MAIDEN NAME	Maude Kimball
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M D
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed May 30 1915 Dr S D Calouge
Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

796-221-014-995

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 30366

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Ida Almeda Gifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 21 1915

FATHER		MOTHER	
FULL NAME	Harry Gifford	FULL MAIDEN NAME	Ruby Pintle
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Caldwell, Ida
OCCUPATION	Stage driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) H. H. Ross

Physician
(Physician or midwife)

Address Nampa Idaho

Filed May 27 1915 Dr. L. D. Calonge Registrar

Anna Hatfield Deputy Reg.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-119.014-238

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz add St.

Hospital

Registration District No. 7

File No. 30367

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Ned Terwilleger

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	twin	1st	yes	19 May 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. E. Terwilleger	FULL MAIDEN NAME	Ethel Schwartz
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed May 30 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 30367

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed Terwilliger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 19, 1915 (DATE OF EVENT)

in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Older Sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Ned Terwilleger

Subscribed and sworn to before me this 22nd day of July, 1942

Myron E. Orr

Notary Public, residing at Boise Idaho

My commission expires 2-4-45

(SEAL)

Signed Mrs. Hazel A. Reay

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

359-119014-238

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30268

County of Canyon

City of Nampa

No. Kurtz Addn. St.

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Hospital —

FULL NAME OF CHILD Ted Terwilleger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	twin	2nd	yes	May 19 1914

FATHER		MOTHER	
FULL NAME	G. E. Terwilleger	FULL MAIDEN NAME	Ethel Schwartz
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer Motor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3— P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 30 19 15 Dy S.D. Colough Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 30368

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Terwilliger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 19, 1915 (DATE OF EVENT) in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Older sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Ted Terwilleger

Subscribed and sworn to before me this 2nd day of July, 19 42

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(SEAL)

Signed Mrs. Hazel A. Peay

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JUL 2 3 1962

FEB 1950

813-213-614-819

Amended 3-2-64

(Be sure the information is complete and accurate)

State File No. 30369

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 7

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Canyon	a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Esther	E.	Hays

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		May	13,	1915

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Durward	Marion	Hays	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Nebraska	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Ruth		Harrison	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Pennsylvania	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. B. Galbraith

18c. ADDRESS: Nampa, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.: May 14, 1915

20. REGISTRAR'S SIGNATURE: Dr. S.D. Calonge by Anna Hatfield, Deputy

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG-	22b. WEIGHT AT BIRTH	23.

ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 3 - 1964 Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

Certificate No. 30369

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hays (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Esther Elizabeth Hays
Father's Last Name	Hayes	Hays

Subscribed and sworn to before me this 30th day of January, 19 64

Notary Public, residing at Los Angeles, Calif.
My commission expires May 14, 1965
(Seal)

Signed Durward M. Hays
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3106 W. 59th Place, Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1963

Notary Public, residing at Norwalk
My commission expires Feb 10, 1967
(Seal)

Signed Loyal D. Hays
(Signature of Any Credible Person)
14712 Funston
Norwalk, California
(Street Address, City, State)

Notary Public - State of California
County - Herman LaVine

FORM DH 60-155

CL 11-4-63. one copy pd. rec. #11554.

HERMAN LA VINE
My Commission Expires February 10, 1967.

Statement from Merle Edison Fish, Sr., Pastor Emeritus, Pico Arlington Christian Church, Los Angeles 19, California statement written Dec. 5, 1963 states "Esther Elizabeth Hays was Baptized by me on Easter, 1928 Pico Heights Christian Church when she was 13 years old. Have known her ever since. - viewed by V.S.

Federal Census Record, census of 1900, taken as of June 1 - Verona Township, Adams County, State of Nebraska, gives full name as Durward M. Hays son age 8, born June 1891 in Nebraska to Loyal M. and Alice M. Hays - viewed by V.S. census issured July 12, 1955 -

National Guard of Idaho Honorably Discharge, dated Dec. 18, 1914 at Rathdrum, Idaho - enlisted Dec. 18, 1911 at Nampa, Idaho gives full name as Durward M. Hays - viewed by V.S.

Junior High School Diploma, Los Angeles City High School District, California - dated Jan. 23, 1931 gives full name as Esther Hays - viewed by V.S.

Marriage Certificate, State of California, County of Orange, married March 12, 1933 gives full name of groom as Roy Lee Bisbee and full name of bride as Esther E. Hays - viewed by V.S.

child's name added as Esther E. Hays 3-2-64 not sufficient documents submitted to add full name as Esther Elizabeth Hays -

299-108-014-253

PLACE OF BIRTH

Amended 4-23-56

County of Canyon

City of Nampa

No. 918 14th Ave. So. St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 30370

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD HENRY ALBERT CARL BRIETZKE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 8 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herman Frederick Brietzke	FULL MAIDEN NAME	Dora Sellke
RESIDENCE	918 14th Ave S.	RESIDENCE	918 14th Ave. S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Michigan
OCCUPATION	Minister	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) F. B. Galbraith M.D.

Physician
(Physician or midwife)

Address Nampa, Idaho

Filed May 14 1915 Dr. S. D. Calouge
Registrar.
Anna Hatfield Deputy Reg.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan
County of Gladwin } ss.

Certificate No. 30370

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gene Winnifred Brietzke (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Certificate (Bible Record, Insurance Policy, etc.) prepared on May 22, 1915 May 20, 1928 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Gene Winnifred Brietzke	Henry Albert Carl Brietzke

Subscribed and sworn to before me this 19 day of April, 1956
Charlotte E. Seltz
Notary Public, residing at Gladwin Co., Mich.
My commission expires 9/22/57
(Seal)

Signed Mrs Dora Brietzke nee Selke Seltz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gladwin, Mich.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan
County of Gladwin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1956
Charlotte E. Seltz
Notary Public, residing at Gladwin Co., Mich.
My commission expires 9/22/57
(Seal)

Signed Rev. H. A. Brietzke.
(Signature of Any Credible Person)
Gladwin, Mich.
(Street Address, City, State)

FORM DPH 55.155

962-108-014-575

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 30371

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD × Irvin Carl Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	×		×	Yes	May (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Irvin O Robinson	FULL MAIDEN NAME	Ruth P Nannen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed May 10 1915 Dr S D Calouge
Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1970

243-16-2014-252

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa - R R No 1

No. R R No 1 St.

Hospital

Registration District No. 7

File No. 30372

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD × FRANCIS NEIL BUTT

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	×	×	yes	May (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vance Butt	FULL MAIDEN NAME	Laura Best
RESIDENCE	Nampa Ida R R No 1	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Nampa Idaho

Filed May 10 1915 Dr S D Calonge
Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 30372
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Name omitted (Name on original certificate) who Born (Was born or died) on May 7 1915 (Date of event)
in Nampa Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Francis Neil Butt

Subscribed and sworn to before me this 16th
day of July, 1942

Notary Public, residing at Nampa Idaho

My commission expires .....
[SEAL]

Signed Laura J Butt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

..... (Street Address, City, State)

Received for filing on JUL 18 1942 By .....
(Registrar's signature)

JUL 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

819-107-014-495

County of Canyon

City of Nampa

No. R F D #2 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 30373

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Myrl Harrison

Sex of Child boy | Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sol. Harrison	FULL MAIDEN NAME	Samilda Mineely
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Johnstown Pa	BIRTHPLACE	Johnstown Pa
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 6 at P.M. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Stevens

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address

Filed May 15 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy Reg.

S-Y CO., 16669

968-226-033-313

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF I[redacted]

BUREAU OF VITA[redacted]S

CERTIFICATE O[redacted]

[redacted]orm V. S. No. 11-C—25m-1-1-13

Registration District No. 100

File No. 30374

Primary Registration District No. 2178

Registered No. 74

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Jan 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will Roylance	FULL MAIDEN NAME	Abreretta Callaway
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Phipe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Eshe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-127-033-913

PLACE OF BIRTH

County of Madison

City of Moody Creek

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30375

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 75

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Jan 27 1915

FATHER		MOTHER	
FULL NAME	Jas Gardner	FULL MAIDEN NAME	Myrtle Pacum
RESIDENCE	Moody Creek	RESIDENCE	Moody Creek
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-129 [illegible]

PLACE OF BIRTH

[illegible]

[illegible]

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100

File No. 30376

Primary Registration District No. 2178

Registered No. 76

FULL NAME OF CHILD Bert LeRoy Willmore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Jan 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Wilmore Willmore	FULL MAIDEN NAME	Drucilla Parker
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

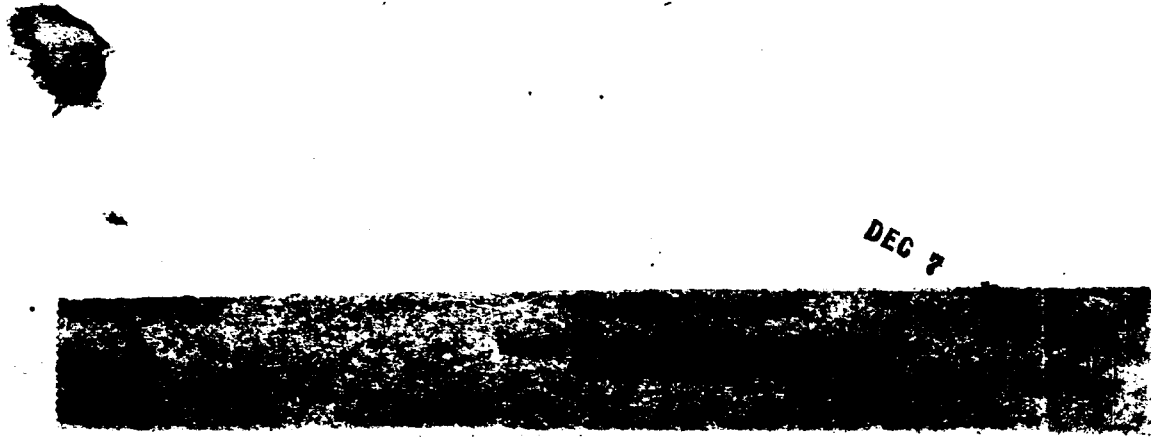
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DEC 7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/19-131-033-319

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30377

Primary Registration District No. 2178 Registered No. 77

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Jan 31 1915

FATHER		MOTHER	
FULL NAME	Arthur Martin	FULL MAIDEN NAME	Ella Lords
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	AGE AT LAST BIRTHDAY 36 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 16a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Thorpe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5-24 1915 G G Eccles Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-104-033-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH
Named added 2-11-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30378

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 78

FULL NAME OF CHILD William Spence Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Feb 4 1915

FATHER		MOTHER	
FULL NAME	Wm Harris	FULL MAIDEN NAME	Ida Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Thuyer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Eske

Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 30378
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 4, 1915 (Date of Event)

in Salmon (Lemhi) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	William Spence Harris

Subscribed and sworn to before me this 11th day of February, 1983

Notary Public, Theresa Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

WILLIAM SPENCE HARRIS
Signature of Applicant

Rt 2 Pierce Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

William Spence Harris
Supporting Signature

Street Address, City, State

In office 2-11-83

Certificate of Ordination lists name of individual as William Spence Harris of Salem, North Rexburg, Stake shows date of ordination as Feb. 11, 1968. Viewed by V.S.

Own child's birth certificate on file with Vital Statistics gives name of father as William Spence Harris. Child born March 1, 1947, in Rexburg, Idaho Certificate # 434367.
Viewed by V.S.

Family Record shows name as William Spence Harris born Feb. 4, 1915 in Salem Idaho, to William Harris and Ida Jensen. Family Record obviously old.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-103-033 343 Child's name added, parent's names amended
01-04-05 ns

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 30379

Primary Registration District No. 2178 Registered No. 79

FULL NAME OF CHILD Mark William Siepert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Feb 3 1915

FATHER		MOTHER	
FULL NAME	George W ~~Seipert~~ Siepert	FULL MAIDEN NAME	~~May~~ Mae Lucas
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 05 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O V Luger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Espe

Registrar Registrar

8-Y CO. 25655

RECEIVED
VITAL STATISTICS
05 JUL -3 AM 8:51

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } SS
County of Salt Lake

Certificate No. 15-30379
Date Filed May 24, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby boy Seipert (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 3, 1915 (Date of Event)

in Burton (Madison Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	~~Marek~~ Mark William Siepert
Father's surname	Seipert	Siepert
Mother's name	May	Mae

Subscribed and sworn to before me this 27 day of December, 2005

Notary Public, Linda K Anderson

Residing at SLC, Utah

My commission expires 9-16-06
(Seal)

Yvonne S. Ungricht
Signature of Applicant

5853 So. Royalton Dr. Murray, UT 84107
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } SS
County of

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

12-19-05

ID DEATH CERTIFICATE 69-5835 FOR GEORGE WILLIAM SIEPERT WHO DIED 12-01-69 IN REXBURG (MADISON CO) VIEWED BY VS

ID DEATH CERTIFICATE FOR MAE JOSEPHINE LUCAS HINCKLEY SIEPERT WHO DIE 12-31-73 IN REXBURG MADISON CO 73-6170 VIEWED BY VS

ID DEATH CERTIFICATE 89-4418 FOR MARK WILLIAM SIEPERT WHO DIED 07-28-89 IN IDAHO FALLS SHOWING MOTHER AS MAE LUCAS AND FARHTER AS GEORGE W SIEPERT

ID BIRTH CERTIFICATE 45-410477 FOR BLAIR J SIEPERT BORN 07-01-45 IN REXBURG (MADISON CO) SHOWING FATHER'S NAME AS MARK WILLIAM SIEPERT VIEWED BY VS

795-204-022-231

[redacted] 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 30380

Primary Registration District No. 2178 **Registered No.** 80

FULL NAME OF CHILD Thelma Pincock

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Feb 4 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Frank Pincock	**FULL MAIDEN NAME**	Susie Blackford
RESIDENCE	Teton	**RESIDENCE**	Teton
COLOR	N. **AGE AT LAST BIRTHDAY** 35 (Years)	**COLOR**	N. **AGE AT LAST BIRTHDAY** 33 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	England
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 1220 P.M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

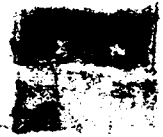
Filed 5-24 1915 G G Espe *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF [illegible]
BUREAU [illegible]

JUL 24 1970

DEC 8 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Mathews

Certificate No. 30380

Date Filed

RECEIVED JAN 17 1972 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Pincock (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 4, 1915 (Date of Event) in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Thelma Pincock

Subscribed and sworn to before me this 11th day of Jan 6, 1972

[signature]

Notary Public, residing at Nyssa Oregon

My commission expires 7/1/75

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Mathews

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Jan 6, 1972

[signature]

Notary Public, residing at Nyssa Oregon

My commission expires 7/1/75

(Seal)

Signed Alyce P. Williams

(Signature of Any Credible Person)

Route 2 Nyssa Oregon

(Street Address, City, State)

FORM DH 60-155 CL 12/8/71 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Thelma Pincock daughter of John Franklin Pincok and Susan Blackford. Born Feb. 4, 1915. Was Baptized Aug. 31, 1927. Viewed by V. S. (mistyped last name should be Pincock)

APR 7 1972

Marriage Certificate from Utah gives groom's name as Glen Jacobs Holman and the birde's name as Thelma Pincock. dated Nov. 21, 1938. Viewed by V. S.

649-208-033-214

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]-1-1-19

Registration District No. 100 File No. 30381

Primary Registration District No. 2178 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Feb 8 1915

FATHER		MOTHER	
FULL NAME	Alfred Furse	FULL MAIDEN NAME	Clarissa Saunders
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	N AGE AT LAST BIRTHDAY 23 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	School teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Pope

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

796-110-033-493

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30382

Primary Registration District No. 2178 Registered No. 82

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twins	Boy 1 / Boy 1		2 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Propp	FULL MAIDEN NAME	Alice Mick
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1105 & 1120 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-2X 1915 G. L. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-110-033-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30383

Primary Registration District No. 2178 Registered No. 83

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	2		2 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Propp	FULL MAIDEN NAME	Alice Mick
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415122-022-266

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30384

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 84

FULL NAME OF CHILD John Henry Davidson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Feb 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William R. Davidson	FULL MAIDEN NAME	Florence Bowles
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 35 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Pope M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

Certified Copy issued Feb. 26, 1941. E.H.

249-125-033-313

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30385

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 85

FULL NAME OF CHILD .....

Sex of Child: Male ~~Female~~	Twin Triplet or other? Twins and (To be answered only in event of plural births)	Number in order of birth: Boy Girl	Legitimate? Yes
Date of Birth: Feb (Month) 25 (Day) 1915 (Year)			

FATHER		MOTHER	
FULL NAME	Fred Smith	FULL MAIDEN NAME	Lena Call
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wales	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 415 ~~417a~~ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-225-033-313

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30386

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 86

FULL NAME OF CHILD Myrtle Cole Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	twin	2		2 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Smith	FULL MAIDEN NAME	Lena Call
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:17 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe Pr. Ldg

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 1 1942

168-101-033-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30388

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 88

FULL NAME OF CHILD GLEN HANSEN JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Mar 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Johnson	FULL MAIDEN NAME	Amelia Hansen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Phipe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 30388

Date Filed July 26, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glen Hansen Johnson (Name on Original Certificate) who was born (Was Born or Died) on March 1 — 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on or about birth date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glen Hansen Johnson

Subscribed and sworn to before me this 25th
day of July, 19 42

Notary Public, residing at Rexburg, Idaho
My commission expires Mar 27, 1943
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of July, 19 42

Notary Public, residing at Rexburg Idaho
My commission expires Mar 27, 1943
(Seal)

Signed Anna Amelia Hansen Johnson
(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.
(Street Address, City, State)

JUL 2 9 1942

235-[illegible]-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 30389

Primary Registration District No. 2178 Registered No. 89

FULL NAME OF CHILD ~~Frederick [illegible]~~ Jessie Stewart

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Mar 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Stewart	FULL MAIDEN NAME	Lucy Atkinson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Phupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30389

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stewart (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jessie Stewart

Subscribed and sworn to before me this 11th day of August, 1962

Judy A. Fitzgerald

Notary Public, residing at 5319 York Blvd

My commission expires JUDY A. FITZGERALD

(Seal) MY COMMISSION EXPIRES OCT. 28, 1962

Signed Devine B. Burrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

767 Mold St Los Angeles 42 Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of August, 1962

Judy A. Fitzgerald

Notary Public, residing at 5319 York Blvd

My commission expires JUDY A. FITZGERALD

(Seal) MY COMMISSION EXPIRES OCT. 28, 1962

Signed Mara Lawson
(Signature of Any Credible Person)

5426½ York Blvd
(Street Address, City, State)

Los Angeles 42 Calif

FORM DH 60-155

CL 8-9-61. one copy pd. receipt #19642.

Notarized copy of church membership, L. D. S. Church gives name as Jessie Stewart born March 5, 1915, blessed July 14, 1915 viewed by V.S.

Own child's birth certificate, on file Idaho #53-12176. Gives mother's name as Jessie Stewart, viewed by V. S.

FEB 1 1963

532-107-033-314

[redacted] PLACE OF BIRTH

County of Madison

City of Salem

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30390

Primary Registration District No. 2178 Registered No. 90

FULL NAME OF CHILD _____

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | Legitimate? | Date of Birth: Mar. 7 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Eckersely	FULL MAIDEN NAME: Rose Curtis
RESIDENCE: Salem	RESIDENCE: Salem
COLOR: W. AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5209 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Pope

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 5-24 1915 G. L. Eaks

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 299-110-022-893

OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 30391

Primary Registration District No. 2178 Registered No. 91

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				March 1915

FATHER

FULL NAME: J. H. Bird

RESIDENCE: Teton

COLOR: W. AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Fannie Bird Hill

RESIDENCE: Teton

COLOR: AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hope

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5-24 19 15 G. G. Estes

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-11-4-022-864

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30392

Registration District No. 200 File No. .....

Primary Registration District No. 2178 Registered No. 92

FULL NAME OF CHILD REED ALLEN SCHWENDIMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				March 14 1915

FATHER

FULL NAME Rudolph Schwendiman

RESIDENCE Teton

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Fanny Hodson

RESIDENCE Teton

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Pope

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5-24 1915 G. G. Cope

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

Certificate No. 30392
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for [illegible] Schwendiman (Name on original certificate) who was born (Was born or died) on March 14, 1915 (Date of event)
in Teton City, Fremont Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on Sept. 13, 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
birth date	no name given	Reed Allen Schwendiman

Subscribed and sworn to before me this 23th day of May 1941

Notary Public, residing at Logan, Utah

My commission expires Nov. 24 1941

[SEAL]

Signed (Mrs.) Florence N. Schwendiman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) (wife)

255 East Fifth North, Logan, Utah (Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 1941

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943

[SEAL]

Signed Frances Schwendiman (Mother)
(Signature of any credible person other than the previous affiant)

Newdale, Idaho (Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 6/6/41. w.h.

OCT 15 '42

614-12[redacted]296

PL[redacted]TH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30393

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 93

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Mar 22 1915

FATHER		MOTHER	
FULL NAME	Jacob Wamboldt	FULL MAIDEN NAME	Katie Kross
RESIDENCE	Sugar R.F.D.	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Eske

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168 [illegible] 833-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30394

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 94

FULL NAME OF CHILD Alberta Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female					Mar 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julian Johnson	FULL MAIDEN NAME	Martha Howells
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-5-19 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1973

297-124 1033-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 30395

Primary Registration District No. 2178

Registered No. 95

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Mar 24 1915

FATHER		MOTHER	
FULL NAME	Jesse Bigler Jr.	FULL MAIDEN NAME	Cora Stone
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	N	COLOR	
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-124 1033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison Amended 4/19/77

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 30396

Registered No. 96

FULL NAME OF CHILD Garner Blake Pincock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Mar 24 1915

FATHER		MOTHER	
FULL NAME	Bert Pincock	FULL MAIDEN NAME	Zina Blake
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 26 3 59 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 30396

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Pincock (Male) Garner Blake Pincock (Name of Original Certificate) who was born (Was Born or Died) on Mar 25, 1915 24th (Date of Event) in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Garner Blake Pincock
date of birth	Mar 25, 1915	March 24, 1915
		Taken from Family Bible Record

Subscribed and sworn to before me this 24th day of January, 1977

Notary Public, residing at Rexburg Idaho

My commission expires 6-25-77

(Seal)

Signed Mary Pincock Wife)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 10/14/76

Certif of Baptism from the LDS Church gives name as Garner Blake Pincock son of Bert Pincock and Arzina Blake. born Mar 24, 1915 at Sugar, Idaho. Baptized Jly 14, 1923. viewed by V. S.

APR 19 1977

Marriage Certif from Utah gives groom's name as Garner Blake Pincock and the bride's name as Mary Fullmer. dated Feb 20, 1940. viewed by V. S.

Certif of Ordination to the Office of Teacher dated June 10, 1930 gives name as Garner Pincock son of Clarence Bert Pincock and Alzina Ruth Blake. born March 24, 1915 at Sugar City, Idaho. Baptized July 14, 1923. viewed by V. S.

154-231-033-133

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. 30397

Registered No. 127

FULL NAME OF CHILD Rella LaDonna Anderson

Sex of Child F

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Calvin Anderson	FULL MAIDEN NAME	Isabell Ellsworth
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ut.
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5-4 1914

G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAY 3 1965 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 30397

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Anderson (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1915 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rella LaDonna Anderson

Subscribed and sworn to before me this 27 day of April 1965

Pearl Phillips

Notary Public, residing at 833 18th street Santa Monica

My commission expires PEARL PHILLIPS

(Seal) My Commission Expires Sept. 19, 1966

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

261-10 [illegible] Idaho Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April, 1965

Pearl Phillips

Notary Public, residing at 833 18th street Santa Monica

My commission expires PEARL PHILLIPS

(Seal) My Commission Expires Sept. 19, 1966

Signed [signature] (Signature of Any Credible Person)

[illegible] Santa Monica Calif.

(Street Address, City, State)

FORM DH 60-155

CL 4-14-65. one copy pd. rec. #12773.

Certificate of Marriage, State of Utah, County of Tooele, married Sept. 2, 1938 at Tooele City, Utah gives full name of groom as George William Walkinshaw and full name of bride as Rella LaDonna Anderson - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, August 1, 1953 gives full name as George William Walkingshaw, Jr., son of George Wm. Walkingshaw and Rella LaDonna Anderson, born July 21, 1945 at Los Angeles, California - v ewed by V.S.

AUG 2 1965

366-126-033-789

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 30398

Primary Registration District No. 2178

Registered No. 126

FULL NAME OF CHILD Helen Cook

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Twin	2	yes	5 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. R. Cook	FULL MAIDEN NAME	Hazel Phillips
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5 29 1915

G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1913

366-226-033-789

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 30399

Primary Registration District No. 2178 Registered No. 125

FULL NAME OF CHILD Radcliff Cook

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	Twin	1	yes	5 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. R. Cook	FULL MAIDEN NAME	Hazel Phillips
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.25 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 5-29 1915 G G Espe Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-122-033-694

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Squirrel

No. ..... St.

Hospital .....

Registration District No. 100 File No. 30400

Primary Registration District No. 2178 Registered No. 124

FULL NAME OF CHILD Robert Orme Gartside

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5/22 1915

FATHER		MOTHER	
FULL NAME	Arthur Gartside	FULL MAIDEN NAME	Gean Orme
RESIDENCE	Squirrel	RESIDENCE	Squirrel
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	St Louis Mo.	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 10 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 [signature]

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

231-220-033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30401

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 123

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				5 20 1915

FATHER

FULL NAME Robt Glaser

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Switzerland

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Emma Stauffiker

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Switzerland

OCCUPATION _____

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.6 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed 5-24 1915 G G Eske Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-219-033-557

Form V.S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 30402

Primary Registration District No. 2178 Registered No. 122

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	5 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas S. Latham	FULL MAIDEN NAME	Maud England
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 5-24 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-219 [illegible] 65

PLA[illegible]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 30403

Primary Registration District No. 2178 Registered No. 121

FULL NAME OF CHILD Orma Lucille Barrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	5 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo F. Barrett	FULL MAIDEN NAME	Rosabell Jones
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 5-24 1915 G G Espe
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1953

OCT 28 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30404

Primary Registration District No. 2178 Registered No. 120

FULL NAME OF CHILD Charles Henry Vivian Row

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5/18/1915

FATHER		MOTHER	
FULL NAME	Vivian Row	FULL MAIDEN NAME	Eleanor Davis
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 22 (Years)	COLOR	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1,15 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J V Chupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Espe
Registrar

S-Y CO. 24655

MAR 2 0 1944

643-217-033 355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30405

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 119

FULL NAME OF CHILD Hannah Pearl Fullmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	5 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Chas. Fullmer Jr	FULL MAIDEN NAME	Augusta Teeples
RESIDENCE	Sugar Ida	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 5-24 1915 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 18 11 02 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30405

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Fullmer (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Hannah Pearl Fullmer

Subscribed and sworn to before me this ..... day of
....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 copy paid rec. 6961 3 1 76 "W"

Family record by mother gives nameas Hannah Pearl Fullmer. dated May 30, 1937 from Rexburg, Idaho.
viewed by V. S.

MAY 21 1976

Marriage certificate from Utah gives nameas Hannah Pearl Fullmer as the bride and the groom's name as Wallace Walter Wilding. dated Dec 7, 1937. viewed by V. S.

863-115-033994

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 30406

Primary Registration District No. 2178

Registered No. 118

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	1	Yes	5 (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert L. Hollman	FULL MAIDEN NAME	Mary Ridder
RESIDENCE	Salem Ida	RESIDENCE	Salem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Eng.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn) at 8.25a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G G Espe
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 20 1967

DECEASED

863-215-033-994

Amended 6/16/70

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 30407

Primary Registration District No. 2178

Registered No. 117

FULL NAME OF CHILD Norma Holman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	2	yes	5 (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert L. Holman	FULL MAIDEN NAME	Mary Rider
RESIDENCE	Salem Ida	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Eng.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estee

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5-24 1915 G G Estee Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 19 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 30407 or 30406

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hollman (Name on Original Certificate) who born (Was Born or Died) on May 15, 1915 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norma Holman
Father's Last Name	Hollman	Albert L. Holman
Mother's Maiden Name	Mary Ridder	Mary Rider

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of
May, 19 70

Joseph L. Hillers
Notary Public, residing at Rigby Idaho
My commission expires Aug 27, 1971
(Seal)

Signed Stella J. Holman
(Signature of Any Credible Person)

Sugar City Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 4-28-60. one copy pd. receipt #01569.

Record of Childred Blessed by Elders of the Church of Jesus Christ gives child's name as Norma R. Holman. xFxhxxxx Father's name as Albert L. Holman and mother maiden name as Mary Rider. Appears to be old, Viewed by V. S.

JUN 16 1970

Church Membership gives name as Norma Rider Holman daughter of Albert L. Holman and Mary Rider. Born May 15, 1915. Blessed June 16, 1915. Viewed by V. S.

399-213-033-513

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30408

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 116

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 5/13 1915 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	Alex Triesig	FULL MAIDEN NAME	Mary Valwater
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-113-033-689

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30409

County of Madison

City of Teton

No ....., ... St.

Hospital House

Registration District No 100 File No .....

Primary Registration District No 2178 Registered No. 45

FULL NAME OF CHILD Lowell Demar Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Warner Bird	Janine M White
RESIDENCE	Teton Idaho	Teton Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 56	White / 44
BIRTHPLACE	Provo Utah	North Ogden Utah
OCCUPATION	Farmer	House Keeper

[Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary Sorensen

Mid Wife
(Physician or Midwife)

Address Sugar R. F. D. No. 1, Box 40

Filed May 2 - 1915

.....
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

643-109-033-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30410

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 114

FULL NAME OF CHILD WILLMER DALE FULLMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5/9/1915

	FATHER		MOTHER
FULL NAME	Reed Fullmer	FULL MAIDEN NAME	Evelyn Anderson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Phyfe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 5-24 1915 G. G. Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 30410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Willmer Dale Fullmer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on ay 9th 1915 (DATE OF EVENT)
in Salem Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Willmer Dale Fullmer

Subscribed and sworn to before me this 3rd day of June, 19 42.

George M. Larsen
Notary Public, residing at Menan, Idaho
My commission expires Dec. 12, 1943
(SEAL)

Signed Evaleen Fullmer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Menan, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 19 42.

George M. Larsen
Notary Public, residing at Menan, Idaho
My commission expires Dec. 12, 1943
(SEAL)

Signed A. A. Hawker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Menan, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 17 1942 By
(REGISTRAR'S SIGNATURE)

JUN 2 2 1942

819-106-022-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30411

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 113

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5/6 1915

FATHER		MOTHER	
FULL NAME	Chester Harris	FULL MAIDEN NAME	Bertha Jones
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BIRTH

JAN 25 1967

203-033993

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30412

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 112

FULL NAME OF CHILD Mona Vee Wren

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth May 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ted Wren	FULL MAIDEN NAME	Eltha Ricks
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ottaway Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 5-24 1915 G G Espe

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JAN 30 1967 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 30412

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wren (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1915 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mona Vee Wren

Subscribed and sworn to before me this 26 day of January, 1967

Mildred Montague

Notary Public, residing at Blackfoot Idaho

My commission expires March 3 1970

(Seal)

Signed Eltha Wren

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1-25-67. one copy pd. rec. #5656.

Child's Birth Cert. on file: (Idaho Birth) #399998, gives full name of mother as Mona Vee Wren - viewed by V.S.

JAN 30 1967

~~L.D.S. Stat~~

Statement from Gordon H. Durney, Riverton Ward Clerk, L.D.S. Church, Blackfoot, Idaho written Jan. 26, 1967 states "I certify that according to the L.D.S. Church records that Mona Vee Wren was born May 3, 1915 at Sugar City, Madison County, Idaho, the daughter of Theron F. Wren and Eltha M. Ricks." - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Fremont

City of Teton

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

30413

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 111

FULL NAME OF CHILD Ruby McKinlay

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				4 / 27 / 1915

FATHER		MOTHER	
FULL NAME	Jas McKinlay	FULL MAIDEN NAME	Josephine Meservey
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 320 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Phyfe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

8-Y CO. 24688

K

[redacted]

JAN 2 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1 81970
Bureau of Vital Statistics

State of Idaho
County of Madison } ss.

Certificate No. 30413

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McKinley (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ruby McKinlay
Father's name	McKinley	McKinlay

Subscribed and sworn to before me this 10th day of March, 19 70

Notary Public, residing at Rexburg, Idaho
My commission expires
(Seal)

X Signed Josephine D. McKinlay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

152 West Main, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 19 70

Notary Public, residing at Rexburg, Idaho
My commission expires 2/13/74
(Seal)

Signed Jessie M. Nelson
(Signature of Any Credible Person)

2560 Hillam, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/2/70 1 cc pd. 2813

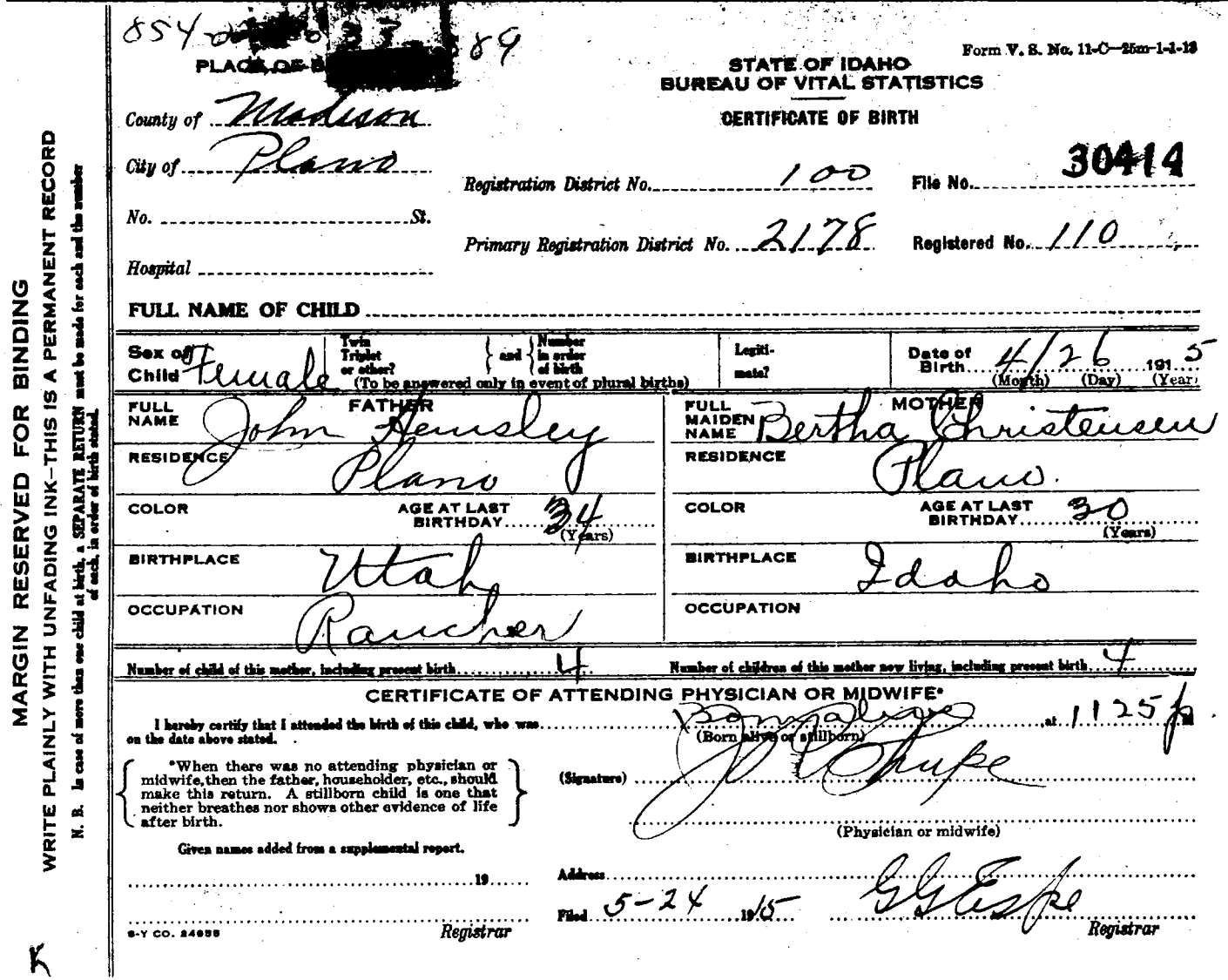
Madison High School rexburg, Idaho Diploma gives name as Rub McKinlay. Dated May 12, 1933. Signed by E. S. Stucki, Superintendent of Schools. Viewed by V. S.

APR 27 1970

Marriage Certificate from the state of Utah county of Cache gives groom's name as August Wilburt Oswald of Menan in the state of Idaho and the birde's name as Ruby McKinlay of Rexburg, Idaho. Dated June 14, 1933. Signed by Joseph R. Shepherd, an Elder of the Church of Jesus Christ of Latter-day Saints. Viewed by V. S.

High Priest's Certificate gives name as James W. McKinlay. Dated Nov.13, 1924 at Rexburg by.Charles R. Tomason. Viewed by V. S.

Minister's Certificate No. 7032 gives name as J. W. McKinlay. Dated January 2,1914. Signed by. Joseph F. Smith,Charles W. Penrose, First Presidency of The Church of Jesus Christ of Latter-day Saints. Viewed by V. S.



854 [redacted] 89

PLACE OF B[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100 File No. 30414

Primary Registration District No. 2178 Registered No. 110

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			4/26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hensley	FULL MAIDEN NAME	Bertha Christensen
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1125 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

914-226-083-6

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30415

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 109

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth 4/26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Ramer	FULL MAIDEN NAME	May Waymer
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Eskie
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-121-033-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30416

Primary Registration District No. 2178 Registered No. 108

FULL NAME OF CHILD John Wendell Virgin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			4/21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Virgin	FULL MAIDEN NAME	Eleanor Windley
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1235 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

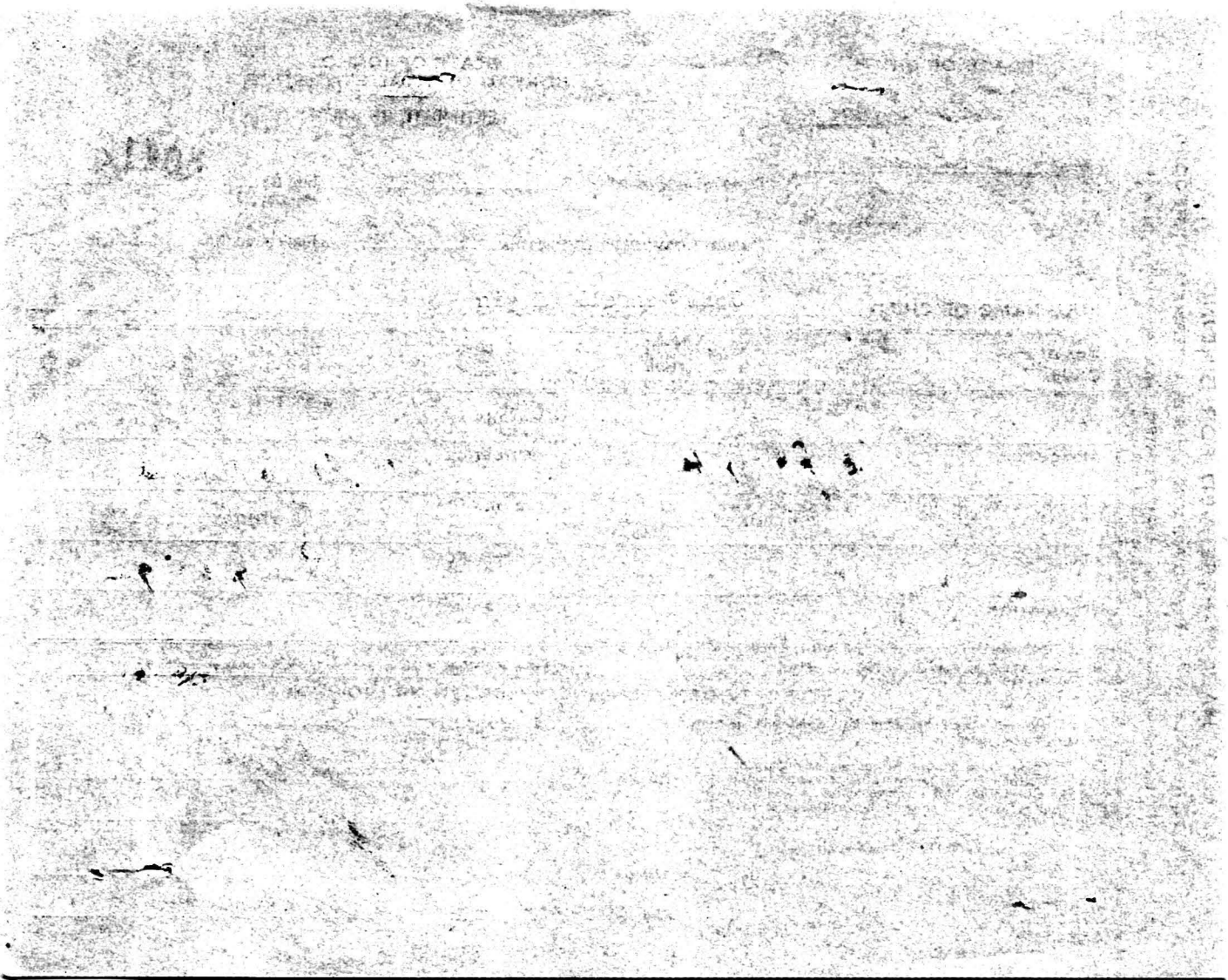
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 10 10 31 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 30416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed male Virgin (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)

in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	John Wendell Virgin
mother's name	Eleanor Windley	Eleaner Eliza

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 19 76

Lynn C. Markham
Notary Public, residing at: Salem, Idaho
My commission expires 6-21-1977
(Seal)

Signed Mildred H Mortensen
(Signature of Any Credible Person)

Rt 2, Rigby, Idaho 83442
(Street Address, City, State)

FORM DH 60-155

1 copy paid rec. 6958 3 1 76 "V"

Certif of Ordination to the Holy Priesthood gives name as John Wendell Virgin ordained a Teacher on Aug 10, 1930. XXXXXXXXXXXX father's name given as Nephi Charles X Virgin and xxx mother's name as Eleanor Windley. born April 20, 1915. Baptized Juen 30, 1923. viewed B. V. S.

MAR 2 6 1976

Public school diploma from Idaho gives name as Wendell Virgin dated May 22, 1930. viewed by V. S.

893-118-033-251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30418

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 106

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: 4-18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Godfrey Hilma	FULL MAIDEN NAME	Rose Kreab
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1210 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-1161 02234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30419

County of Fremont

City of Teton

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 105

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				April 16 1917

FATHER		MOTHER	
FULL NAME	Henry Karl	FULL MAIDEN NAME	Mary Klupfen
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Klupfen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 5-24 1917 G. W. Espe Registrar

S-Y CO. 24655

331-114-033-867

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30420

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 104

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			4/14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Clay	FULL MAIDEN NAME	Alice Hope
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:40 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Hope

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

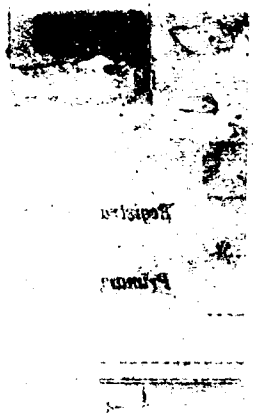
Filed 5-24 1915 G. G. Estes
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



693-112-033-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Wilford

No. _____ St.

Hospital _____

Registration District No. 100 File No. 30421

Primary Registration District No. 2178 Registered No. 103

FULL NAME OF CHILD Boyd Montell Wickham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			April 12 1915

FATHER		MOTHER	
FULL NAME	Earl Montell Wickham	FULL MAIDEN NAME	Charlotte Cazier
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	AGE AT LAST BIRTHDAY 26 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	~~Idaho~~ Heber City, Utah	BIRTHPLACE	St. Anthony Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:25 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Clarke
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5-24 1915 G. G. Eaton
Registrar

Y CO. 24655

MARGIN RESERVED FOR BINDING
MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAMBERS OF

PROBATE COURT OF FREMONT COUNTY

O. K. MESERVY, JUDGE

ST. ANTHONY, IDAHO

May 13, 1941.

Bureau of Vital Statistics,
Boise, Idaho.

Dear Sirs:

Replying to my request for birth certificate for Boyd Montell Wickham, on April 13, 1941 you stated that you had the record of his birth i.e. April 12, 1915, but did not have his name, also that his father's birthplace was given as being in Idaho.

his mother

I hereby authorize you to add the childs name and to correct the stated place of his father's birth to Heber City, Utah, showing that:

Boyd Montell Wickham, son of Earl Montell Wickham and Charlotte Cazier, was born April 12, 1915, at Ashford, Idaho, and that his father was born at Heber City, Utah, and that his mother was born at St.Anthony, Idaho,

That Boyd M. was the 1st child of his mother who was 22 years of age when he was born (she having been born Nov.20, 1892), and the father was 25 yrs old (having been born Nov. 27, 1889), and that the mother had been in Idaho all her life and all that time in Fremont County.

Signed:

Mrs Charlotte Wickha

Subscribed and sworn to before me at St.Anthony, Idaho, May 13, 1941.

O K Meservy

O. K. Meservy, Probate Judge.

749-810-033-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30422

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 102

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 4/10 1915 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	Chas L. Guzare	FULL MAIDEN NAME	Laura Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

5-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-202-033-392

PLACE OF BIRTH

amended 1/7/80

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 160 File No. 30423

Primary Registration District No. 2178 Registered No. 101

FULL NAME OF CHILD Ada Ruth Jeppesen

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Apr 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Jeppeson	FULL MAIDEN NAME	Aliene Likes
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	N. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	N AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

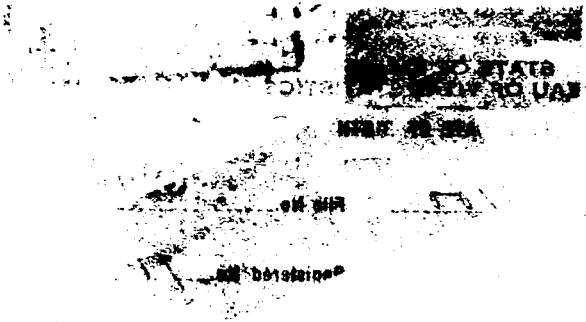
Filed 5-24 1915 G G Espe
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss.

Certificate No. 30423
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jeppson (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 2, 1915 (Date of Event)

in Sugar, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Jeppson	Ada Ruth Jeppesen
father's last name	Jeppson	Jeppesen

Subscribed and sworn to before me this 30 day of November, 1979.
Notary Public, George R. Robertson
Residing at Rexburg
My commission expires Dec. 25 1981
(Seal)

Ada Ruth Jeppesen Bigler
Signature of Applicant
[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of November, 1979.
Notary Public, George R. Robertson
Residing at Rexburg
My commission expires Dec. 25 1981
(Seal)

[illegible]
Supporting Signature
[illegible]
Street Address, City, State

CL 11/26/79

Temple recomend fro Ada Ruth Jeppesen Bigler dated May?9, 1960 viewed by V. S.

Delayed birth certif fro Marilyn Bigler born April 26, 1937. born in Rexburg, Idho father'snameas Ray Donaldson Bigler and mother's maiden nameas Ada Ruth Jesspesen. viewed by S. S.

~~125-Q(illegible)-63~~

Amended 1-9-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30424
Local Reg. No. 100
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar City, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Grace b. (Middle): c. (Last): Jones

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 2, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Jay b. (Middle): c. (Last): Jones

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Drayman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emily b. (Middle): c. (Last): Herring

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): England

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy)?

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE OTHER (Specify)

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-24-1915

22. REGISTRAR'S SIGNATURE: G.G. Espe

23. DATE ON WHICH GIVEN NAME ADDED BY Registrar:

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

State of ..... } ss. SEP 15 1967

County of ..... }

Certificate No. 30424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jones (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1915 (Date of Event)

in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Grace Jones
Full Maiden Name of Mother	Emily Harvey	Emily Herring

Subscribed and sworn to before me this 1 day of September, 1967

Leonard Barrus

Notary Public, residing at Sugar City, Ida.

My commission expires July 7, 1971

(Seal)

Signed Emily [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of Sept., 1967

Leonard Barrus

Notary Public, residing at Sugar City Ida

My commission expires July 7, 1971

(Seal)

Signed Vernean Lusk

(Signature of Any Credible Person)

Sugar City Idaho

(Street Address, City, State)

CL 8-16-67. one copy pd. rec. #16809.

FORM DH 60-155

L.D.S. Church Cert. of Blessing, Dec. 24, 1915 gives full name as Grace Jones, daughter of Jay Jones and Emily Herring, born April 2, 1915 at Sugar City, Idaho - viewed by V.S.

State of Idaho, Public School Elementary Diploma, given at Sugar City, Idaho on May 14, 1928 gives full name as Grace Jones - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #65097 gives full maiden name of mother as Emily Herring - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-229-033-719

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30425

Primary Registration District No. 2178 Registered No. 99

FULL NAME OF CHILD Lu Deen Waldram

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female					Mar 29 1915

FATHER		MOTHER	
FULL NAME	Lorenzo Waldram	FULL MAIDEN NAME	Ray Garner
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Physe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

515·128·033-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30426

Primary Registration District No. 2178 Registered No. 98

FULL NAME OF CHILD Thomas B Nave

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Mar (Day) 28 (Year) 1915
Male			

FATHER		MOTHER	
FULL NAME	Martin Nave	FULL MAIDEN NAME	Elizabeth Ricks
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 10 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Shupe

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 5-24 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1953

965-125033-249

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 30427

Primary Registration District No. 2178 Registered No. 97

FULL NAME OF CHILD WILLIAM ROEMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Mar 25 1915

FATHER		MOTHER	
FULL NAME	George Farmer ROEMER	FULL MAIDEN NAME	Kathrine Elizabeth Kurtz ~~Alice Katz~~
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	N. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 0 5 2018

JAN 0 5 2018

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Minidoka } ss.

Certificate No. 30427

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Roemer (Name on Original Certificate) who born (Was Born or Died) on March 25th 1915 (Date of Event)
in Sugar City, Itaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Ramer	Roemer
Name	Unnamed	William Roemer
Mother's name	Alice Katz	Kathrine Elizabeth Kurtz

Subscribed and sworn to before me this 9th day of January, 1943

Notary Public, residing at Rupert, Idaho

My commission expires March 15th 1944
(Seal)

Signed Kathrine Elizabeth Palmer mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D. # 1, Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 12 1943

367-222-00-192

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ....., ... St.

Hospital .....

Registration District No. 2002 File No. 30428

Primary Registration District No. 2002 Registered No. 40

FULL NAME OF CHILD Bertha Pearle Copeland

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr. (Day) 22, 1915 (Year)
F.		Yes	

FATHER		MOTHER	
FULL NAME	Frank H. Copeland	FULL MAIDEN NAME	Bertha Aikin
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Holverson

M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed 5-31 19.. D B Harris

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 3 1942

[redacted]

PLACE OF BIRTH

MAY 1 1982

469-101-001-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of — Boise

No. Sec. 1 T4 R1 E. St.

Hospital

Registration District No. 10th

File No. 30429

Primary Registration District No. 2002

Registered No. 38

FULL NAME OF CHILD Louis Elbert Monroe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 1st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marcus R. M. Monroe	FULL MAIDEN NAME	L. Maude Fobbett
RESIDENCE	8 mi N.W. of Boise	RESIDENCE	8 mi N.W. of Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 5-14 1915 L B Harris
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 29 1965

CC 3/27/41 RMF

793-210-001-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. _____ St.

Hospital _____

Registration District No. 10th

File No. 30430

Primary Registration District No. 2002

Registered No. 39

FULL NAME OF CHILD Ellen Jane Gilbert

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	May (Month) 10th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Gilbert	FULL MAIDEN NAME	Lula E. Fisher
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Boise Idaho

Filed 5-14 1915 L B Harris
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1943

764-221-001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. Edgewood St.

Hospital

Registration District No. 10th

File No. 30431

Primary Registration District No. 2002

Registered No. 10th

FULL NAME OF CHILD Blanche Godfrey

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Jan (Month) 21 (Day) 1915 (Year)

FATHER

FULL NAME Joseph W. Godfrey

RESIDENCE Edgewood - Eagle, Idaho

COLOR white

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gertrude Kincaid

RESIDENCE Edgewood - Eagle, Idaho

COLOR white

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kansas

OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. N. Turkey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bldg.

Filed Jan 22 1915 L B Harris

Registrar

Registrar

S-Y CO. 24655

SEP 4 1942

239-225-001-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 10

File No. 30432

Primary Registration District No. 2002

Registered No. 37

FULL NAME OF CHILD Alice Emeline Scrivner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	4	Yes	April 25 1915

FATHER		MOTHER	
FULL NAME	Lou Scrivner	FULL MAIDEN NAME	Leona May Farmham
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Leton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed April 27 1915 L B Harris

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

918-1.05.1001-433

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 8 File No. 30434

No. _____, _____ St. Primary Registration District No. 2004 Registered No. 15

Hospital _____

FULL NAME OF CHILD Leroy Raymond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	May 5 1915

FATHER	MOTHER
FULL NAME: David L. Raymond	FULL MAIDEN NAME: Mabel McConnel
RESIDENCE: Bend, Hillcrest	RESIDENCE: Bend.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Rancher.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Halverson M. D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 5/10 1915 M. L. Gasten Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

281-209-001-343

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St.

Hospital

Registration District No. 8

File No. 30436

Primary Registration District No. 2004

Registered No. 17

FULL NAME OF CHILD Leona Shackelford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	May 9 1915

FATHER		MOTHER	
FULL NAME	Thomas Shackleford	FULL MAIDEN NAME	Edna Tucker
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE		BIRTHPLACE	Placerville Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Caccard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Registrar

Filed May 20 1915 M. L. Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 19

893-214-001-847

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Hill Road St.

Hospital

Registration District No. 8

File No. 30437

Primary Registration District No. 2004

Registered No. 18

FULL NAME OF CHILD Ellen Marie Hicks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wayne E. Hicks	FULL MAIDEN NAME	Edith Hugg
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 5/18 1915 W. L. Parker Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1976

295-109-001-758

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Highland

No. ..... St.

Hospital .....

Registration District No. 8

File No. 30438

Primary Registration District No. 2004

Registered No. 19-

FULL NAME OF CHILD Robert Harrold Kinzey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Apr. (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John B Kinzey	FULL MAIDEN NAME	Gertrude Gehman
RESIDENCE	Arrowrock Ida	RESIDENCE	Arrowrock Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~[illegible]~~ Oregon	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 9 at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Gehman

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed ~~May 21 1915~~ 4/16-1915 M. L. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1942

Arrowrock. Idaho
May 31 '15

Forwarded to
Registrar, Vital Statistics.
Jas P Kerby

233-102-001-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 214 Dwight Blvd.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30439

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 20-

FULL NAME OF CHILD Willard Henry St Clare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	5 2 1915

	FATHER	MOTHER
FULL NAME	Henry St. Clare	FULL MAIDEN NAME Susie Hartwell
RESIDENCE	Boise	RESIDENCE Boise
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE Atlanta Idaho
OCCUPATION	Hardware Salesman	OCCUPATION H.W.

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sutus

(Physician or midwife)

Address Boise

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 5/12 1915 M L Parker
Registrar

8-Y CO. 24698

6-9-14-001-947

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form A. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Boise — Registration District No. 2 — File No. 30441

No. ____ St. — Primary Registration District No. 1004 — Registered No. 130

Hospital ____

FULL NAME OF CHILD Charles Durada

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	Yes	apr 14 1915

	FATHER	MOTHER
FULL NAME	Charles Durada	FULL MAIDEN NAME Mary Gupser
RESIDENCE	Boise Idaho	RESIDENCE Boise Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Lucan Minn.	BIRTHPLACE Lucan Minn
OCCUPATION	farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R B Shurtz M D
(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 5/1 1915 W. L. Parker Registrar

S-Y CO. 20174

JUN 5 1975

433-115-001-743

PLACE OF BIRTH

Form V. S. No. 11-C—2[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1416 Jeff St.

Hospital

Registration District No. 2

File No. 30443

Primary Registration District No. 1004

Registered No. 132

FULL NAME OF CHILD Baby McLain

Sex of Child male

Twin Triplet or other? \ and Number in order of birth \

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth May (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry W. McLain	FULL MAIDEN NAME	Anna Pullian
RESIDENCE	1416 Jefferson	RESIDENCE	1416 Jefferson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Iowa
OCCUPATION	Breakman	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Tukey

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bldg

Filed 5/20 1915 M S Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-129-001-813

PLACE OF BIRTH

County of Ada

City of Boise

No. 1719 N. 7th St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 30444

Primary Registration District No. 1004 Registered No. 134

FULL NAME OF CHILD Carroll Kenneth Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin		yes	5 11 1915

FATHER		MOTHER	
FULL NAME	Jas. R. Sorensen	FULL MAIDEN NAME	Cora Hollis
RESIDENCE	1719 N. 7th	RESIDENCE	1719 N. 7th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Linotype Operator	OCCUPATION	Her

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 6/1 1915 W. D. L. Parker
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1967

JUN 24 1942

842-227.001-241

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 10 9 74

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1702 N. 6 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 20445

Registered No. 135

FULL NAME OF CHILD Leone Cherry Hubbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	May 27 1915

FATHER		MOTHER	
FULL NAME	W. H. Hubbell	FULL MAIDEN NAME	Pearl Melvina Smart
RESIDENCE	1702 N 6.	RESIDENCE	1702 N6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	California
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or dead) at 9.45 P M on the date above stated.

(Signature) John Buck

(Physician or Midwife)

Address

Filed 6/1 19 15 M. L. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 11 43 AM '74

10 8 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of 0 Idaho }
County of OCT } ss.

Certificate No. 30445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hubble (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Leone Cherry Hubbell
Fathers Name	Hubble	Hubbell
Mothers name	Pearl A Smart	Pearl Melvina Smart

Subscribed and sworn to before me this 8 day of Oct., 19 74
Notary Public, residing at Boise Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed Vinola K Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
11538 NE Marrison Portland Ore 97216
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Fathers death certificate William Harris Hubbell died April 29, 1952 at Boise, Idaho State File 52-1210 .
Viewed by VS

OCT 10 1974

Brothers birth certificate Boyd Harris Hubbell born July 8, 1913 at Boise, Idaho State file # 14858 gives fathers name as William Hubbell.
Viewed by VS

Social Security Card # 532-34-0020 Leone C. Winters Form OA-702. Rev. 6-48
Viewed by Vs

Couch Grade School, Portland, Oregon Oct. 4, 1922 Cherry Hubbell-name Charlotte Lucas- Teacher.
Viewed by VS

Orting State Bank, Orting, Washington - Savings account book Leone C. Winters Rt. 1 Box 220 A Graham, Washington Original date March 22, 1965.
Viewed by VS

Sisters birth certificate Venola Katheryn Pierce born June 20, 1903 at Bellevue State File # 325668 gives mothers name as Pearl Melvina Smart.
Viewed by Vs

Family Record , by the family Obviously Old gives mothers name as Pearl M. Dearing, mother of Leone Cherry Hubbell Winters born in Boise, Idaho May 27, 1915

349-126-001-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30446

County of Ada

City of Boise

No. 517 S 14 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 134

FULL NAME OF CHILD ARCHIE [illegible] Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 26 1915

FATHER		MOTHER	
FULL NAME	Geo H. Turner	FULL MAIDEN NAME	Louise Thompson
RESIDENCE	517 S 14	RESIDENCE	517 S 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [illegible]FE*

I hereby certify that I attended the birth of this child, who was born alive [illegible] at 11.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John Bacon

(Physician [illegible])

Address [illegible]

Filed 6/1 1915 A. L. Parker Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 30446

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Archibald Turner (Name on Original Certificate) who born (Was Born or Died) on May 26, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Geo. Archibald Turner	Archie Turner

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed John Bacock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

462-230-00-168

PLACE OF BIRTH

Form VPS, No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30447

County of Ada

City of Boise

No. 901 N. 18th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 137

FULL NAME OF CHILD Helen Margery Doscher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	4	Yes	Apr (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

PATHER		MOTHER	
FULL NAME	F. E. Doscher	FULL MAIDEN NAME	Mabel Johnson
RESIDENCE	901 N. 18th St Boise	RESIDENCE	901 N. 18th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Lumber Dealer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address 509 Empire Bldg. Boise

Filed 5/10 1915 M. S. Parker

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-204.00-114

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30448

County of Ada

City of Boise

No. 530 So. 15th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 138

FULL NAME OF CHILD Rose L. Goff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				5	4	191 1

FATHER		MOTHER	
FULL NAME	Frank Goff	FULL MAIDEN NAME	Ruth James
RESIDENCE	530 So. 15th St.	RESIDENCE	530 So. 15th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Foreman Sud & Fuel Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-A. M. on the date above stated.

(Signature) Maurice W. Tallman

Physician (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5/10 19 15 H. L. Parker Registrar

S-Y CO. 24655

JUN 22 1973

MAY 7 1942

259-209-001-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 30449

Primary Registration District No. 1004

Registered No. 139

FULL NAME OF CHILD Esther Rosa Berent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 9, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave Berent	FULL MAIDEN NAME	Annie Solomon
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Storekeeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/15 1915 M. L. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464109.001-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30450

County of Ada

City of Boise

No. ____ St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. ____

Registered No. 140

FULL NAME OF CHILD ? ALFRED DAVID DOUGLAS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				No	May 9, 1914

FATHER

FULL NAME Wm Cox

RESIDENCE ?

COLOR W. AGE AT LAST BIRTHDAY ? (Years)

BIRTHPLACE ?

OCCUPATION Musician

MOTHER

FULL MAIDEN NAME Nannie Douglas

RESIDENCE Boise, Ida. N. 13th St.

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Invalid

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Gallivan M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 5/20 1914 M. L. Parker Registrar

3-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 30450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Alfred David Douglas (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 9, 1915 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by School Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Apr. 28th 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Alfred David Douglas

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. that she is the aunt of alfred David Douglas and was present at his birth.

Subscribed and sworn to before me this 28
day of April, 1942

Notary Public, residing at Tacoma
My commission expires Dec. 10, 1944
(SEAL)

Signed Mrs. Edna Weaver
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

6601 So. Warner
(STREET ADDRESS, CITY, STATE)
Tacoma Wash,

Received for filing on MAY 1 1942 By
(REGISTRAR'S SIGNATURE)

MAY 4 19[illegible]

962-210 [illegible] 62

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30451

County of Ada

City of Boise

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Marian June Robbins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 10 1915

FATHER	MOTHER
FULL NAME: Charles Harrington Robbins	FULL MAIDEN NAME: Jennie May Dobbin Robbins
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: Wh
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Maine	BIRTHPLACE: Aplington, Iowa
OCCUPATION: Grocer	OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:00 A M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 5/20 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1964

PLACE OF

Page

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1942

AUG 5 1942

666-12k-001-515

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 209 Owyhee Blvd St.

Hospital St. Alphonsus

Registration District No. 2 — File No. 30452

Primary Registration District No. 1004 — Registered No. 142

FULL NAME OF CHILD FRED BRUCE Woods

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. A. Woods	Pinita Pearl Van Sickle
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward H Burt

Physician (Physician or ~~midwife~~)

Address 706 Yates Bldg

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/1 1915 M. L. Parker
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 30452

County of Walla Walla } FEB Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Woods (NAME ON ORIGINAL CERTIFICATE) who ~~Apr. 26 1915~~ (WAS BORN ~~OR DIED~~) on Apr 26-1915 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 26 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Woods	Fred B. Woods
		Bruce
		Fred Bruce Woods

Subscribed and sworn to before me this 31st day of January, 1942

[signature]

Notary Public, residing at Walla Walla

My commission expires See seal (SEAL)

Signed W. A. Woods, Parent

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

507 Bryant Ave, Walla Walla, Wn.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 1942

Cindy McBride

Notary Public, residing at Los Angeles

My commission expires 3-7-42 (SEAL)

Signed Harry J. Gardener

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1044 So. Olive St. Los Angeles Calif

(STREET ADDRESS, CITY, STATE)

Cindy McBride - Notary Public
My commission expires 3. 7. 42

Received for filing on FEB 1942 By

(REGISTRAR'S SIGNATURE)

1942

AUG 26 1942

APR 1 1958

815·217·001-352

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 30453

Primary Registration District No. 1004 Registered No. 143

FULL NAME OF CHILD Alice Eulalie Hanley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			May 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archibald Harrison Hanley	FULL MAIDEN NAME	Alice Marie Lessinger
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wichita, Kansas	BIRTHPLACE	Boise, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5/15 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-124-001-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsas

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 30454

Primary Registration District No. 1004 Registered No. 144

FULL NAME OF CHILD Byron M. Caverney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter C. Caverney	FULL MAIDEN NAME	Maud Martin
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 6/1 1915 M. L. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-107-00-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 501 S 15th St.

Hospital

Registration District No. 2 File No. 30455

Primary Registration District No. 1004 Registered No. 145

FULL NAME OF CHILD Leo Fay Warner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		2	yes	May (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd L. Warner	FULL MAIDEN NAME	Georgia M. Greely
RESIDENCE	501 So. 15th St.	RESIDENCE	501 S. 15th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Calif.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 509 Empire Bldg.

Filed 5/10 1915 W. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 . 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 19-127-001-168

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 30456

Primary Registration District No. 1004 Registered No. 146

FULL NAME OF CHILD Pasco B. Carter jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	yes	May 24 1915

FATHER		MOTHER	
FULL NAME	Pasco B. Carter	FULL MAIDEN NAME	Clara Johnson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pittsburg Pa	BIRTHPLACE	Murray Idaho
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 24/15 at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 6/1 1915 M. L. Parker Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 20456

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	May 28 — 1915	May 27 - 1915

Subscribed and sworn to before me this ..... day of Sept. 19 43

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

W. B. Carter
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 4 1943

556115-00-466

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30457

County of Ada

City of Boise

Registration District No. 2 File No.

No. 1418 E. Franklin

Primary Registration District No. 1004 Registered No. 122

Hospital

FULL NAME OF CHILD Glenn William Enfield

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	yes	Mar. 15, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Edward M. Enfield	FULL MAIDEN NAME Laura [redacted]
RESIDENCE 1418 E. Franklin	RESIDENCE 1418 E. F[redacted]
COLOR white — AGE AT LAST BIRTHDAY 35 (Years)	COLOR white
BIRTHPLACE Nebraska	BIRTHPLACE Ontario Canada
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm N. Lukey

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address 315 Overland Bldg

Filed 5/20 1915 Wm L. Parker

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] 3 1976.

319-[redacted]

PL[redacted]11-C—25m-1-1-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH.

County of Add

City of Boyd

No. ..... St.

Hospital Hayhurst

Registration District No. 2 File No. 30458

Primary Registration District No. 1004 Registered No. [illegible]

FULL NAME OF CHILD John Boyd Carney

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	April 22 1915

FATHER		MOTHER	
FULL NAME	John Carney	FULL MAIDEN NAME	Rose McPherson
RESIDENCE	Barbaton	RESIDENCE	Barbaton
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ky.
OCCUPATION	Engineer	OCCUPATION	H.W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Latimer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5/21 1915 M L Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 23, 1940. E.W.

JUL 20 1956

MAY 26 1942

689-22-1001-845

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2117 Ko 11 St.

Registration District No. 2

File No. 30459

Primary Registration District No. 1004

Registered No. 124

Hospital

FULL NAME OF CHILD Wilma Edith ~~Wilson~~ White

Sex of Child F

Twin or Triplet? and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen R White	FULL MAIDEN NAME	Edith Hunter
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Cook	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Leton

Boise
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed May 21 1915

M S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-127.001.247

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30460

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 30460

Primary Registration District No. 1004 Registered No. 125

FULL NAME OF CHILD Henry ~~Matthew~~ Matthew

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Apr (Month) 27 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Henry Mathew Matthew	FULL MAIDEN NAME Minnie Buxton.
RESIDENCE 2401 Ada	RESIDENCE 2401 Ada.
COLOR White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE ~~Arbroath~~ Arbroath Scotland	BIRTHPLACE Forest Grove Ore.
OCCUPATION Traveling Agt.	OCCUPATION Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith N. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5/27 1915 M. L. Parker Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5-11-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30461
Local Reg. No. 126
Reg. Dist. No. 2

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 525 So. 13th

3. CHILD'S NAME (Type or print)
a. (First): Lexie
b. (Middle): Charles
c. (Last): Burril

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 2, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): C.
c. (Last): Burril

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Teamster

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lulu
b. (Middle): I.
c. (Last): Hinton

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Michigan

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. H. Tukey

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: 315 Overland Bldg. - Boise, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-20-1915

22. REGISTRAR'S SIGNATURE: M. S. Parker

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 14 1967 Bureau of Vital Statistics

State of Oregon
= Grant
County of ..... } ss.

Certificate No. 30461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Alexander Burril (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Soc.Sec.Card 6/22/37 (Bible Record, Insurance Policy, Etc.) prepared on March, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Charles Alexander Burril	Lexie Charles Burril

Subscribed and sworn to before me this 12 day of April, 1967

Notary Public, residing at John Day, Ore.
My commission expires 11/25/68
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

John Day, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Grant } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of April, 1967

Notary Public, residing at John Day, Ore.
My commission expires 11/25/68
(Seal)

Signed .....
(Signature of Any Credible Person)

John Day, Oregon
(Street Address, City, State)

FORM DH 60-155 CL 3-27-67. nm

Social Security Card, #519-03-0611 gives full name as Lexie Charles Burril, dated June 22, 1937 - viewed by V.S.

Receipt of Payment, Northern Life Insurance Co., dated March, 1955, policy no. 445101-6PA gives full name as Lexie C. Burril - viewed by V.S.

864-205-001-242

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke's

Registration District No. 2 File No. 80462

Primary Registration District No. 1004 Registered No. 127

FULL NAME OF CHILD Jane Stanley Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walker Young	FULL MAIDEN NAME	Margaruite Bush
RESIDENCE	Arrow Rock	RESIDENCE	Arrow Rock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Butner Ind.	BIRTHPLACE	Logansport Ind.
OCCUPATION	Civil Engr.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith N.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/20 1915 M. L. Parker Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL STA[illegible]

CERTIFICATE OF BIRT[illegible]

JUN 1 1954

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

25-167.001-035

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Boise

Registration District No. _____ File No. 30463

No. 1301 N. 12. St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Clifford Lynn Knauff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	May 4 1915

FATHER

FULL NAME L. A. Knauff

RESIDENCE 1301 - N. 12.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa.

OCCUPATION Mining.

MOTHER

FULL MAIDEN NAME Dell Irene Stephens

RESIDENCE 1301 - N. 12.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:0 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. Smith

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 5/20 1915 M. L. Parker Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF [illegible])
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

H. A. Knauff of Boise, Idaho

Being first duly sworn, deposes and says that he is father
(if related, specify degree if friend or otherwise, so state)

of Clifford Lyn [illegible]

who was born in the city of Boise, County of Ada
(was born, died)

on the [illegible] day of [illegible], 19[illegible], as stated in a certificate of birth o death filed by Dr. William Smith
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada Idaho, on the [illegible] day of [illegible] 19[illegible].

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mother's maiden name -- Irene Stephens

That affiant upon his own knowledge states the true facts to be, his, her
and the changes necessary to make the record correct are, as follows: Nell Irene Stephens

SEP 2 7 1940

(Seal)

Affiant H. A. Knauff

Address Boise, Idaho

Subscribed and sworn to before me this 25th day of March 19 40

Margaret Clark
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Ada)

H. A. Knauff of Boise, Idaho

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant H. A. Knauff

Address Boise, Idaho

Subscribed and sworn to before me this 25th day of March 19 40

(Seal)

Margaret Clark
Notary Public

243-105-020 245

PLACE OF BIRTH

County of Elmore

City of Arrowrock

No. ..... St.

Hospital .....

S. No. 11-C—25m-1-1-18

Registration District .....

File No. 30464

Primary Registration No. 2131

Registered No. .....

FULL NAME OF CHILD Wilfred Claude Sutton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural birth)	—	yes	April 5 1915

FATHER		MOTHER	
FULL NAME	John Thomas Sutton	FULL MAIDEN NAME	Lillian Amelia Bunney
RESIDENCE	Arrowrock, Ida	RESIDENCE	Arrowrock, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Russell Gulch, Colo.
OCCUPATION	Machinist	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James P. Kerby, M.D.

(Physician—midwife)

Address Arrowrock Ida

Given names added from a supplemental report.

..... 19.....

Filed 5-1-1915

..... Registrar

S-Y CO. 24668

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1943

893-212-005-818

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted] IDAHO
[redacted] Statistics
[redacted] CATE OF BIRTH

30465

County of Benewah

City of DeSmet

Registration Distri[redacted] File No. 6

No. ....., ... St.

Primary Registrati[redacted] Registered No. .....

Hospital .....

FULL NAME OF CHILD Irene Rosa[redacted]illsdon

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		legitimate	May 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Hillsdon	FULL MAIDEN NAME	Elizabeth Hayes
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Castle, England	BIRTHPLACE	Brookville, Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

.....
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

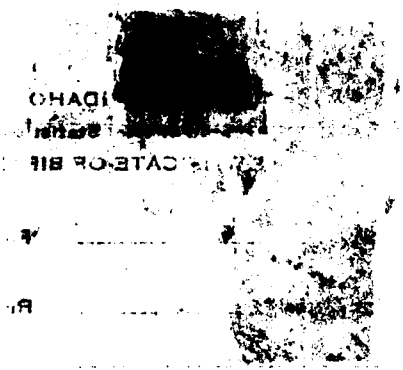
Filed May 31 1915 John Post, Asst Local
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



252·127·028-714

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted]

[redacted]ureau of Vital Statistics

[redacted]RTIFICATE OF BIRTH

30466

County of Kootenai

City of DeSmet

Registration Dis[redacted]31 File No. 5

No ....., ... St.

Primary Regist[redacted]No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Zephyrin Clarence Joseph Skenen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	April 27, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Skenen	FULL MAIDEN NAME	Annie Paul
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	DeSmet	BIRTHPLACE	DeSmet
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 7, 1915 John Post, Asst. Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [redacted] of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.

553-203-004-912

PLACE OF BIRTH

STATE OF I[illegible]
BUREAU OF VITAL S[illegible]

[illegible]V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geo Town

Registration District No. _____ File No. 30467

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G		Yes	23 1915

	FATHER		MOTHER
FULL NAME	Hyrum Nelson	FULL MAIDEN NAME	Julia Rasmussen
RESIDENCE	Geo Town	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9P M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Adley

Hyrum Nelson (Physician or midwife)

Given names added from a supplemental report

Address Idaho

_____ 19____

Filed Apr 27 1915 Marion C Clark

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-205-607-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. Carey

File No. 30468

Registered No. .....

FULL NAME OF CHILD Marguerite Conway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	March 5 1915

FATHER		MOTHER	
FULL NAME	William E. Conway	FULL MAIDEN NAME	Emily Elizabeth Resnell
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Grand Island Neb.	BIRTHPLACE	Horton Kansas
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive March 5 at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. Donovan, Jr. M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed March 19 15

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1956

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30469
Local Reg. No.
Reg. Dist. No.

Amended 6/18/75

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Carey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Carey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Martel
b. (Middle): Stanford
c. (Last): Cooper

4. SEX: Male
5a. THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born) 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): March 10, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): S.
c. (Last): Cooper

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Washington, Utah
10. USUAL OCCUPATION: Cashier of Bank
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Julia
b. (Middle): Mirtis
c. (Last): Stanford

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City,
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: James Monroe
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Carey, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Mar. 29, 1915
22. REGISTRAR'S SIGNATURE: James Monroe
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
TIME 7:30 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 10 1975 Bureau of Vital Statistics

State of Idaho
County of Salt Lake } ss.

Certificate No. 30469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Grant Martell Cooper (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1915 (Date of Event)

in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Gratn Martell Cooper	Martel Stanford Cooper

Subscribed and sworn to before me this 3rd day of April, 1975

Notary Public, residing at 315 Wilson Ave. Sl. City

My commission expires

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature] Salt Lake City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/27/75 2cc pd. Rec. #3573

Certif of Ordination of to the Holy Priesthood gives name as Martell Stanford Cooper. ordained aTeacher. July 8, 1930. born Mar. 10, 1915. Baptized May 10, 1923 and father's name given as Joseph S. Cooper and mother's name as Julie Mertis Cooper. viewed by V. S.

Certif. of birth from the LDS Church gives name as Martel Stanford Cooper born Mar. 10, 1915 at Carey, Idaho. father's name given as Joseph S. Cooper and mother's name as Julia Mirtis Stanford. entered on record May 9, 1915. viewed by V. S.

917-101-014-194

PLACE OF BIRTH

County of Canyon

City of 2½ mile N.W. Star

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

[redacted]047

Registration District No. 3 File No. _____

Primary Registration District No. 2005 Registered No. 79

FULL NAME OF CHILD WILLIAM ROSS RAGSDALE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Jan. 1 1915

FATHER		MOTHER	
FULL NAME	George H. Ragsdale	FULL MAIDEN NAME	Anna L. Armstrong
RESIDENCE	Star 2½ mi N. W.	RESIDENCE	Star 2½ mi N.W.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. E. Ragsdale M.D.

(Physician or midwife)

Address Star

Filed 5-17-1915 John Meyer Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of MALHEUR }

Certificate No. 30470

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for William Ross Ragsdale (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 1st 1915 (DATE OF EVENT)
in Nyssa, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 20th 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ragsdale	William Ross Ragsdale

Subscribed and sworn to before me this 29th
day of December, 19 41
Notary Public, residing at Nyssa, Oregon.
My commission expires February 2nd 1945
(SEAL)

Signed G. F. Ragsdale
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
RFD. Nyssa, Oregon.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon. } ss.
County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 29th
day of December, 19 41
Notary Public, residing at Nyssa, Oregon.
My commission expires February 2nd 1945
(SEAL)

Signed Jessie C. Graham
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Nyssa, Oregon.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

995-207-014218

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Form V. S. No. 15-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30471

Registration District No. 3 File No. ____

Primary Registration District No. 2005 Registered No. 61

FULL NAME OF CHILD Lucile May Ireland.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 7, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry A. Ireland	Myrtle Dahl
RESIDENCE	Caldwell.	Caldwell Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Engineer	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Starr, Physician

(Physician or Midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-18-1915 John S. Meyer

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Division of Vital Statistics

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

695·224·614-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. 30472

Primary Registration District No. 1005

Registered No. 80

FULL NAME OF CHILD GERALDINE LOUISE FINCK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes	April 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. H. ~~[illegible]~~ Finck	FULL MAIDEN NAME	Dessa Nichols
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Warehouseman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed May 25 1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 20472
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 24, 1915 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Geraldine Louise Finck

Subscribed and sworn to before me this 11th day of May 1942.

Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
(SEAL)

Signed John D Finck
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Caldwell, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May 1942.

Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October, 1945
(SEAL)

Signed Mrs John D Finck
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Caldwell, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 18 1942

319-011-014-249

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. _____ St.

Hospital No.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30473

Registration District No. 3 File No. _____

Primary Registration District No. 2005 Registered No. 82

FULL NAME OF CHILD Daisy Carter.

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 5 (Month) — 11 (Day) — 191 5 (Year)

FATHER	MOTHER
FULL NAME J. R. Carter	FULL MAIDEN NAME Anna Smith.
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb.
OCCUPATION Rancher	OCCUPATION Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mullen PM.

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-19-1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-212-014799

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30474

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No 3 File No.

Primary Registration District No 2005 Registered No. 83

FULL NAME OF CHILD EMBRU ESTELLE Francis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		No.	May 12 1915

FATHER	MOTHER
FULL NAME Warren E. Francis	FULL MAIDEN NAME Celia Girton
RESIDENCE Pocatello Ida.	RESIDENCE Caldwell
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	BIRTHPLACE Oregon
OCCUPATION Fire Inspect. R.R.	OCCUPATION Waitress —

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6¼ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Francis

Physician

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-18-1915 John S. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 30474
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Embru Estell (Francis) Smith (Birth or death) for Embru Estell Francis (Name on original certificate) who was born (Was born or died) on May 12, 1915 (Date of event) in Caldwell, Canyon Co., Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record & baby book (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Francis	Embru Estelle Francis

Subscribed and sworn to before me this 6th day of November, 19 41

Leea Ward Swain

Notary Public, residing at Pocatello Idaho

My commission expires 12-20-44

[SEAL]

Signed Celia J. Olsen (Natural Mother)
(Signature of parent if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

637 N. Harrison Ave, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 19 41

Leea Ward Swain

Notary Public, residing at Pocatello, Idaho

My commission expires 12-20-44

[SEAL]

Signed Embru J. Davis (Grandmother)
(Signature of any credible person other than the previous affiant.)

654 North Harrison, Pocatello, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

289-113-014-075

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30475

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. , St.

Primary Registration District No. 1005 Registered No. 84

Hospital

FULL NAME OF CHILD Raymond Walter Shirley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	May 13- 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond W. Shirley	Myrtle L. Spencer
RESIDENCE	Caldwell - Idaho.	Caldwell
COLOR	White.	White.
AGE AT LAST BIRTHDAY	26 (Years)	31 (Years)
BIRTHPLACE	Penn.	Minn.
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyer

(Physician or Midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report

....., 19.....

Filed 5-13- 1915 John L. Meyer

Registrar

8-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 6-8-62

(Be sure the information is complete and accurate)

State File No. 30476

Local Reg. No. 85

Reg. Dist. No. 3

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.D. #2

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alton
b. (Middle): C
c. (Last): Bale

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 14, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): R.
b. (Middle): H.
c. (Last): Bale

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mich.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle):
c. (Last): Downing

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mich.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. F. M. Cole

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Caldwell, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-19-1915

20. REGISTRAR'S SIGNATURE: John S. Meyer

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30476

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bales (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1915 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alton C Bale
Father's Last Name	Bales	Bale Roy H.

Subscribed and sworn to before me this 8th day of June, 1962

Fred D. Hey

Notary Public, residing at New Plymouth, Idaho

My commission expires Feb 29, 1964

(Seal)

Signed Alice Bonning Bale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1962

C. M. Evans Clerk

Notary Public, residing at Wilder Idaho

My commission expires 1-4-64.

(Seal)

Signed Stanley R Bale
(Signature of Any Credible Person)

R#2 Parma Idaho
(Street Address, City, State)

FORM DH 60-155

in Office 6/6/62

Own Child's Birth Cert. on file: (Idaho Birth) #341846 gives full name of father as Alton C Bale - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #82458 gives full name of father as R. H. Bale - viewed by V.S.

Social Security Card, #542-12-7128 gives full name as Alton C Bale- viewed by V.S.

Union Book, Building Trades Branch, date of initiation 4-18-43, issued by local union 296 - card no. 418983, initiated by local union no. 235 gives full name as Alton Bale - trade: BTJ - Plumber - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #52639 gives full name of father as Roy H. Bale - viewed by V.S.

363-114-014-413

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital No.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30477

Registration District No. 3 File No. _____

Primary Registration District No. 3005 Registered No. 86

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 14 1915

FATHER		MOTHER	
FULL NAME	A. Coles	FULL MAIDEN NAME	Cora Matlock
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-19- 1915 John S. Meyer Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-215-014-665

name added 8/22/80

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30478

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. .....

Primary Registration District No. #1005 Registered No. 84

FULL NAME OF CHILD Naomi Imagene Campbell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	5-15-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed. Campbell	FULL MAIDEN NAME	Agnes Owen
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife) BM.

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 5-19-1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 25 1970

3-20-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Canyon } ss.

Certificate No. 30478
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 15, 1915 (Date of Event)

in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Naomi Imagene Campbell

Subscribed and sworn to before me this 22nd day of August, 19 80

Notary Public, [signature]
Residing at Caldwell, Idaho
My commission expires 9/28/80
(Seal)

[signature]
Signature of Applicant

[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 19 80

Notary Public, [signature]
Residing at Caldwell, Idaho
My commission expires 9-28-80
(Seal)

[signature]
Supporting Signature

[illegible]
Street Address, City, State

Social Secuirty Card # 519 22 4850 gives nameas Naomi Imagene Frank. viewed by VS.

AUG 22 1980

Attendence and Scholarchip reord from Caldwell High school gives name as Naomi 1. ~~K~~ Campbell. age 13 born May 15, 1915. for school year 1928. viewed by V. S

766 4-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell RR #2

Registration District No. 3

File No. 30479

No. ..... St.

Primary Registration District No. 2005

Registered No. 88

Hospital No.

FULL NAME OF CHILD Mahlon Pankey Goodwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	5-16-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Goodwin	FULL MAIDEN NAME	Louise Hedgwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller BM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 5-19-1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF California)
) SS.
COUNTY OF Los Angeles)

AFFIDAVITS FOR CORRECTION OF A RECORD

Dr. S. J. Miller of Long Beach, California

being first duly sworn, deposes and says that he was The Attending Physician
(if related, specify degree,

of Mahlon Pankey Goodwin
if friend or otherwise, so state)

who was born in the city of Caldwell, County of Canyon
(was born, died)

on the 16th day of May, 19 15, as stated in a certificate of birth
birth or

filed by Dr. S. J. Miller
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Caldwell, County of Canyon
Idaho, on the 19th day of May 19 15.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Sex -- Female

That affiant upon His own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, Sex -- Male

DEC 16 1940

(SEAL)

AUG 18 1955

Affiant Dr. S. J. Miller

Address Security Building, Long Beach, Califor

Subscribed and sworn to before me this 12th day of December 1940

Mabel E. Berry
Notary Public

STATE OF California)
) SS.
COUNTY OF Los Angeles)

Dr. S. J. Miller of Long Beach, California

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Dr. S. J. Miller

Address Security Bldg, Long Beach, Cali

Subscribed and sworn to before me this 12th day of December 194

(Seal)

Mabel E. Berry
Notary Public

313218 014-469

PLACE OF BIRTH

County of Canyon

City of Notus

No. _____ St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 30480

Primary Registration District No. 2004 Registered No. 89

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 18 1915

FATHER		MOTHER	
FULL NAME	R. C. Talbott	FULL MAIDEN NAME	Myrtle Moreland
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. J. Miller M.D.
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 5-19- 1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 5 1975

DECEASED

658-118-014693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.H.

No. ..... St.

Hospital No.

Registration District No. 3 File No. 30481

Primary Registration District No. 2005 Registered No. 90

FULL NAME OF CHILD Ned Calvin Weymouth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	5-18-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. J. Weymouth	FULL MAIDEN NAME	Lottie Wilson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

(Physician or midwife) RM

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 5-19-1915 John S. Meyer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 15, 1940. E.W.

343118 014113

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Greenleaf

No. ..... St.

Hospital .....

Registration District No. 3 File No. 30482

Primary Registration District No. 2005 Registered No. 91

FULL NAME OF CHILD Howard Walter Tucker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S	2	yes	May (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aldis J. Tucker	FULL MAIDEN NAME	Edith M. Jackson
RESIDENCE	near Greenleaf Id	RESIDENCE	near Greenleaf
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Gosper Co. Neb	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 5-19- 1915 John S. Meyer Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 1942

743-123-014-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30483

County of Canyon

City of Greenleaf

No. ..... St.

Hospital No.

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 92

FULL NAME OF CHILD Terrance Alva Gulley

Sex of Child Male | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 5-23- (Month) (Day) 191.. (Year)

FATHER		MOTHER	
FULL NAME	C. G. Gulley.	FULL MAIDEN NAME	Lura Perkins.
RESIDENCE	Greenleaf.	RESIDENCE	Greenleaf.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kan.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. H. M. Cole

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-25-1915 John A. Meyer

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19

251-102-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. 30484

Primary Registration District No. 1005

Registered No. 93

FULL NAME OF CHILD Gordon Lee Beal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June - 2 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Beal	FULL MAIDEN NAME	Ida Hardcupp.
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 6-3-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1973

MAR 23 1945

275-203-014251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa R.K.

No. ..... St.

Hospital No.

Registration District No. 3

File No. 30485

Primary Registration District No. 2005

Registered No. 94

FULL NAME OF CHILD BEATRICE SPENCER

Sex of Child: Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June (Month) - 3 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	B. Spencer	FULL MAIDEN NAME	Rose Knapp
RESIDENCE	Nampa R.K.	RESIDENCE	Nampa R.K.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Cal.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller

BM.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 6-3-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

FEB 2

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Pierce }

Certificate No. 30485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 3 day old male Child (BIRTH OR DEATH)
for Beatrice Spencer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 3rd June 1915 (DATE OF EVENT)
in Council Ido (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
Caldwell
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	Beatrice Spencer
Beatrice Spencer		
6/3/15		

Subscribed and sworn to before me this
day of , 19 .

Signed Bert Spencer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father

Notary Public, residing at Spanaway Wash

My commission expires Oct 15 1945
(SEAL)

P.O. Bx 35 Spanaway Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of Feb , 1942 .

Signed Bert Spencer Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Spanaway Wash

My commission expires Oct 15 1945
(SEAL)

RO-Bx 35 Spanaway Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 21 By
(REGISTRAR'S SIGNATURE)

893111-024-846

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 30486

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Clyde Elton Hickok

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 11 1910

FATHER		MOTHER	
FULL NAME	Claude Hickok	FULL MAIDEN NAME	Callie M. Huffman
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born alive

F. T. Cary M.D.
(Physician or midwife)

Address Gooding Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 20 1910 F. T. Cary M.D.
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

Form

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 24 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-111-024-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30487

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

Registration District No. 1014 File No. _____

Primary Registration District No. 1024 Registered No. _____

FULL NAME OF CHILD Hugh H Shurtleff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	May 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Shurtleff	Jennie Patterson
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Utah	Iowa
OCCUPATION	Hotel Manager	Home maker

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 20, 1915 T. C. Cary, M. D. Registrar

8-Y CO. 24685

364-204-84-597

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30488

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Pauline Edna Comstock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4 4 1915

FATHER		MOTHER	
FULL NAME	E. R. Comstock	FULL MAIDEN NAME	Mary E. Nighswanger
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Cary M. D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

Filed May 20 19 15 T. T. Cary M. D.

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30488

Date Filed .....

RECEIVED JUL 14 1971 BUREAU OF VITAL STATISTICS

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Comstock (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Comstock	Pauline Edna Comstock

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
July, 19 71

Notary Public, residing at Nampa Idaho
My commission expires 3-22-73
(Seal)

Signed George M. Asselin
(Signature of Any Credible Person)

111 SOUTH STATE NAMPA, IDAHO
(Street Address, City, State) 83651

FORM DH 60-155 CL 6/9/71 nm

High School Diploma from Nampa High School gives name as Pauline Edna Comstock. Dated May 31, 1934. Signed by C. C. Cowin, Principal; Viewed by V. S. JUL 16 1971

Insurance Policy from Metropolitan Life Insurance Company gives name as Pauline E. Asselin. Name of Beneficiary as George Asselin-Husband. Dated June 26, 1939. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-115 (024-142

[redacted]

-2-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Registration District No. 1014 File No. 30489

Primary Registration District No. 1024 Registered No. John Franklin Tilman

FULL NAME OF CHILD Baby Tilman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 15 1915

FATHER		MOTHER	
FULL NAME	John Franklin J. T. Tilman	FULL MAIDEN NAME	Mary Adkins
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornaline (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Address Gooding Idaho

Filed May 26 1915 F. T. Cary M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MC

JUL 3 1958

515-27-02-285

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 30490

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Carmela Irene Manifor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 17 1915

FATHER		MOTHER	
FULL NAME	Joseph J. Manifor	FULL MAIDEN NAME	Nora Sherman
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M. D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report

..... 19.....

Filed May 20 19 15 F. T. Cary M.D.
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-31-41

389-128-024-2156

Amended 7-19-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30491
Local Reg. No.
Reg. Dist. No. 1014

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Gooding

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ernest

b. (Middle): Francis

c. (Last): Shrum

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 28, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Carl

b. (Middle): Joseph

c. (Last): Shrum

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Salem, Oregon

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lucy

b. (Middle): O.

c. (Last): DeFord

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): California

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. T. Cary, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Gooding, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 20, 1915

22. REGISTRAR'S SIGNATURE: F.T. Cary, M.S.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON
County of ISLAND } ss.

Certificate No. 30491

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Schrum (Name on Original Certificate) who was born (Was Born or Died) on April 28, 1915 (Date of Event)
in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Metropolitan L.I.Pol (Bible Record, Insurance Policy, Etc.) prepared on November 10, 1952 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Ernest Francis Shrum
Father's last name	Schrum	Shrum

Subscribed and sworn to before me this 3rd day of August, 1956

Notary Public, residing at Coupeville, Wn.,
My commission expires July 21, 1959
(Seal)

Signed Carl Joseph Shrum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oak Grove, Ore., P.O.Box 448,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of ISLAND } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 19 56

Notary Public, residing at Coupeville, Wn.,
My commission expires July 21, 1959.
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible] Dr.
Oswego, Oregon
(Street Address, City, State)

FORM DPH 55. 155

United States Marine Corps, Military Record, File No. 239887 dated Sept. 12, 1933 gives full name as Ernest Francis Shrum - viewed by V.S.

Photo Copy of Social Security Application, dated Sept. 29, 1937 gives full name as Ernest Francis Shrum, born April 28, 1915 at Bliss, Idaho to Carl Joseph Shrum and Lucy Owen DeFord - viewed by V.S. ~~Sec.-No.~~ Social Security No. 544-10-1196 -

Certificate of Baptism, Sellwood Christian Church, Portland, Oregon, baptized Nov. 3, 1946 gives full name as Carl Joseph Shrum - viewed by V.S.

Application to the Metropolitan Life Insurance Co., Nov. 25, 1938 at Portland, Oregon gives full name as Carl J. Shrum, born Feb. 3, 1886 at Scio, Oregon - viewed by V.S.

095-116-024-319

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

30492

County of Gooding

City of Gooding

No. Oregon St.

Hospital Home

Registration District No. 1014 File No.

Primary Registration District No. 1024 Registered No.

FULL NAME OF CHILD Elvin Elmer King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 16 1915

FATHER		MOTHER	
FULL NAME	Fred King	FULL MAIDEN NAME	Effie Carpenter
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M.D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 20 1915 F. T. Carey M.D.
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Union } ss.

Certificate No. 30492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Elvin Elmer King (Birth or Death)
for unnamed King (Name on Original Certificate) who was born (Was Born or Died) on May 16, 1915 (Date of Event)
in Hooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by I was the mother (Bible Record, Insurance Policy, Etc.) prepared on May 16th 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed King	Elvin Elmer King

Subscribed and sworn to before me this 18th day of May, 1945

Notary Public, residing at La Grande Oregon

My commission expires Oct 3rd 1947

(Seal)

Signed Mrs. Effie King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person)

1012 J Ave La Grande Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Union } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1945

Notary Public, residing at La Grande

My commission expires Oct 3rd 1947

(Seal)

Signed Mrs. Effie King
(Signature of Any Credible Person)

1012 J Ave La Grande, Oregon
(Street Address, City, State)

MAY 23 1945

NOV 21 1951

412-116-24-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

AMENDED 7/23/74

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Registration District No. 1014 File No. 30493

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Charles David Mabe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 16 1936

FATHER		MOTHER	
FULL NAME	David Mabe	FULL MAIDEN NAME	Molly Goodmiller
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Okla
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report

..... 19.....

Filed June 11 1936 F. T. Cary M.D.

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH 1-4-73

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 23 1974

State of ..... } ss.
County of ..... }

Certificate No. 30493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Baby Mabes (Name on Original Certificate) who was born (Was Born or Died) on May 16 1915 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Baby Mabes	Charles David Mabe
Father's name	Mabes	Mabe

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Copy School Record Elementary by L. V. Washam Jan. 12, 1973 Supervisor of Records
Original date Sept. 2, 1924 Lakeview School, Nampa, Idaho gives name as Charles
Mabe born May 16, 1915 father S. D. Mabe.
Viewed by VS

JUL 23 1974

Occidental Life Insurance Co. of California # 1371838 dated August 5, 1942 gives
name as Charles David Mabe born May 16, 1915 at Gooding, Idaho father Charles D.
Mabe.
Viewed by VS

693-316-004-495-1

Amended 3-7-62

(Be sure the information is complete and accurate)

State File No. 30494

Local Reg. No.

Reg. Dist. No. 1014

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Gooding

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edith b. (Middle): Bernice c. (Last): Wilkins

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 3 - 16 - 1915

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): F. c. (Last): Wilkins

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Alabama

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Louise b. (Middle): C. c. (Last): Reading

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. T. Cary, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gooding, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 20, 1915

20. REGISTRAR'S SIGNATURE: F.T. Cary, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES

Certificate No. 30494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Baby Wilkins (Name on Original Certificate) who born (Was Born or Died) on March 16, 1915 (Date of Event)

in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Bernice Wilkins
Full Name of Father	W.F. Wilkins	William F. Wilkins
Full Maiden Name of Mother	C. Reading	Louise C. Reading

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[signature]
Notary Public, residing at 4840 Huntington Dr. LA
My commission expires August 14 1961
(Seal)

Signed [signature]
(Signature of parent or attendant [illegible] ord; of attendant, funeral direc[illegible] a death record; or other credible [illegible])

174 [illegible] Hawthorne Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[signature]
Notary Public, residing at 4840 Huntington Dr. LA
My commission expires August 14 1961
(Seal)

Signed Martha R. Mower
(Signature of Any Credible Person)

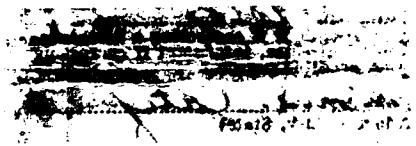
4409 Playground St.
(Street Address, City, State)
Los Angeles 33 Calif.

FORM DPH 55.155

NNCL 11-10-58. one copy pd.

L.D.S. Church Certificate of Record of Membership, baptized June 30, 1923 gives full name as Edith Bernice Wilkins LaCroix (LaCroix is married name), born March 16, 1915 at Bliss, Idaho to William Franklin Wilkins and Louise Reading - viewed by V.S.

Statement from Lee W. Merrill, Clerk, Minidoka County Schools, Rupert, Idaho - states "This is to verify that according to school census records taken annually from 1915 through 1920 on file in this office, Edith Bernice Wilkins was born March 16, 1915 at Bliss, Idaho, the daughter of William F. Wilkins and Louise C. Reading Wilkins." statement written on January 24, 1961 - viewed by V.S.



259-124-024-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Registration District No. 1014 File No. 30495

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Baby Berger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 24 1915

FATHER		MOTHER	
FULL NAME	Rudolph G. Berger	FULL MAIDEN NAME	Violet Dickey
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Austria	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. T. Cary M. D.

(Physician or midwife)

Address Gooding Idaho

Filed May 26 1915 H. T. Cary M.D.

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-120-024-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 30497

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	May 20 (Month) (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Clifford G Evans	FULL MAIDEN NAME	Lillian G La Noue
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minn	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	17
		BIRTHPLACE	Minn
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cranwell M.D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 26 — 1916 F. T. Carey M.D.
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

633-208-032-943

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 30498

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Mary Adgye Ott

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	2	yes	June 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Ott	FULL MAIDEN NAME	Linnie Rutledge
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pueblo Calif	BIRTHPLACE	Texas
OCCUPATION	Cook	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning M.D.

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 14 1915 E. D. Piper Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted] 265-203-009-893 [redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30500

30500

County of Bonner

City of Sandpoint

No. 514 Second St.

Hospital City

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No. 787

FULL NAME OF CHILD Jane Booth Swenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 3 1915

FATHER	MOTHER
FULL NAME: David G. Swenson	FULL MAIDEN NAME: Blanche Hill
RESIDENCE: Sandpoint, Idaho	RESIDENCE: Sandpoint, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Minnesota.	BIRTHPLACE: Wisconsin
OCCUPATION: Office Manager	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Page M.D.

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 8, 1915 M McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]

AUG 2 5 1975

[redacted] JAN 5 1943

445-43-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Hope Ida

Registration District No. 78 File No. 30501

No. ..... St.

Primary Registration District No. 2153 Registered No. 788

Hospital

FULL NAME OF CHILD Robert Valentine Dunkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Meryl B Dunkle	FULL MAIDEN NAME	Ada Tiffany
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	South Dakota
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hope - Ida

Filed June 8 1915 M McKinnon Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75-03-009-376

PL[redacted] OF BRYAN

MAY 2

County of [illegible] JUN 1 1959

[illegible]

No.

Hos

443.107.009-993

30502

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30502

County of Bonner

City of Kootenai

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 789

Hospital

FULL NAME OF CHILD Harold Lloyd Dutton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H Dutton	FULL MAIDEN NAME	Emma Richildefer
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 10/6 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sand point Ida

Filed June 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Sherman

Certificate No. 30502

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death) for Harold Lloyd Dutton (Name on Original Certificate) who was born (Was Born or Died) on [illegible] 7, 1915 (Date of Event) in [illegible] (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Sept. 11, 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Harold Lloyd Dutton

Subscribed and sworn to before me this 18th day of November, 1943

Bertie Hailey

Notary Public, residing at Wasco Ore

My commission expires Sept 27-1947
(Seal)

Signed Emma Dutton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 26 1943

JUN

795-212-009-246

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonner

City of Elmira

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30504

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 791

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gregory	FULL MAIDEN NAME	Lena Kuffe
RESIDENCE	Elmira Ida	RESIDENCE	Elmira Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Ida

Filed June 8 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-117-009-119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No 413, N. 4th St.

Hospital

Registration District No 78 File No. 30505

Primary Registration District No. 155 Registered No. 792

FULL NAME OF CHILD James Douglas C. Guy Jr

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	May 17th 1915

FATHER		MOTHER	
FULL NAME	James D. C. Guy	FULL MAIDEN NAME	Vera E. Aaron
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint Ida
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oshawa Ont. Canada	BIRTHPLACE	Penna
OCCUPATION	Dentist	OCCUPATION	Hwf

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

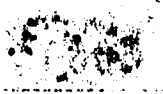
Address Sandpoint

Filed June 8 1915 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17326



419-226-009-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. 30506

Primary Registration District No. 2155 Registered No. 793

FULL NAME OF CHILD Gladys Martin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
f	1	5	Yes	May 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Hildreth	FULL MAIDEN NAME	Marian Martin
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W. AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Labrer in Lumber Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 30 p M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Jackson

(Physician or midwife)

Given names added from a supplemental report.

..... 19

..... Registrar

Address Sandpoint

Filed June 8 1915 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

142-228-009249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH Amended 11/17/75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Elmira

No. ..... St.

Hospital .....

Registration District No. 78 File No. 30507

Primary Registration District No. 2135 Registered No. 794

FULL NAME OF CHILD Myrna Irene Aukerman

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Aukerman	FULL MAIDEN NAME	Ellen Smith
RESIDENCE	Elmira Ida	RESIDENCE	Elmira Ida
COLOR	White AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sand point Ida

Filed June 8 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 11 09 PM '75

State of ..... } ss. Certificate No. 30507

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Ackerman (female) (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1915 (Date of Event)

in Elmira, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Myrna Irene Aukerman
father's last name	Ackerman	Aukerman

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.

County of Wayne

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of October, 1975

Marilyn K. Lent

Notary Public, residing at Wooster, Ohio

My commission expires 3-15-79

(Seal)

Signed x Glenn T. Aukerman

(Signature of Any Credible Person)

442 Maple, Wooster Ohio

(Street Address, City, State)

FORM DH 60-155

CL 9'12/75 nm

Certified copy of Marriage record from Ohio gives groom's nameas Robert G. Burns and the bride's name as Myrna I. Aukerman born May 28, 1932. father's name given as Louis Aukerman andxfax mother's name as Ella Smith. viewed by VS

NOV 17 1975

Insurance policy from the Prudential Ins Co. of Ameria gives name as Myrna I. Burns. Policy No. 540 208 440. dated 1-11-54. viewed by V. S.

595-223-009-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 24-11

[redacted]

CERTIFICATE OF BIRTH

30508

County of Bonner

City of Sandpoint

No. 514 Second St.

Hospital City

Registration District No. 18 File No.

Primary Registration District No. 2155 Registered No. 293

FULL NAME OF CHILD Dorothy Elizbath Niemann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 23 1915

FATHER	MOTHER
FULL NAME: William A Neimann	FULL MAIDEN NAME: Mable H. Daniels
RESIDENCE: Sandpoint, Idaho.	RESIDENCE: Sandpoint, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Milwaukee, Wis.	BIRTHPLACE: Milwaukee, Wis.
OCCUPATION: Merchant	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brackhouse

M. D.

(Physician or Midwife)

Address Sandpoint.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 8 1915 W. H. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

JUL 18 1968

STATE OF IDAHO

Bureau of Vital Statistics

266-109044-356

[redacted] PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30509

County of Washington

City of Weiser

[redacted] E. 3rd St.

Registration District No. 6 File No.

Primary Registration District No. 1010 Registered No. 45

Hospital

FULL NAME OF CHILD Albert Lewis Bowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 9 1915

	FATHER	MOTHER
FULL NAME	James Lewis Bowen	FULL MAIDEN NAME Melena Mil[redacted]d Leonard
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	S. Dak	Indiana
OCCUPATION	blacksmith	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive [redacted] on the date above stated. at 10 P. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. M. Waterhouse

Physician

(Physician or midwife)

Address Weiser Idaho

Filed May 10 1915 W. R. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 22 1957

[redacted]

MAR 1 19[illegible]

L 363 105.044-253

1032

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 30 W. Liberty St.

Hospital

Registration District No. 86 File No. 30510

Primary Registration District No. 1010 Registered No. 44

FULL NAME OF CHILD Robert Edwin Lockwood

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	1	Yes	5 5 1915

FATHER	MOTHER
FULL NAME: George Edwin Lockwood	FULL MAIDEN NAME: Marie Keller
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Oregon
OCCUPATION: Printer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.50 P.M on the date above stated.

(Signature) E. R. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Filed 5/6 1915 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-216-044-359

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30511

County of Washington

City of Weiser

Registration District No. 86 File No.

No. ——— St.

Primary Registration District No. 1010 Registered No. 34

Hospital ———

FULL NAME OF CHILD Mary Jean Ayers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	5 16 1915

FATHER		MOTHER	
FULL NAME	Raymond B. Ayers	FULL MAIDEN NAME	Margarette Jerner
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Columbia Kay.	BIRTHPLACE	Highland Wis.
OCCUPATION	Attorney at Law	OCCUPATION	Hsewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M on the date above stated.

(Signature) Ernest O. Turner

Physician (Physician or midwife)

Address Weiser Ida.

Filed 5-20 1915 W. P. Hamilton Registrar

2

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

259-210-244-613

PLACE OF BIRTH

Form V. [illegible]

[illegible] of Vital [illegible]

CERTIFICATE OF [illegible]

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 30512

Primary Registration District No. 2412 Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female			2nd	yes	May (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Newton Bergman	FULL MAIDEN NAME	Barbara Fallers
RESIDENCE	Weiser Flat	RESIDENCE	Weiser Flat
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Weiser	BIRTHPLACE	Aberdeen S D
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth 2 nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed May 12th 1915 W. R. Hamilton Registrar

..... Registrar

S-Y CO., 16670

STATE OF IDAHO

Certificate of Vital Statistics

CERTIFICATE OF BIRTH

792-111-04U-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser R.F.D.

Registration District No. 86

File No. 30513

No. ....., ... St.

Primary Registration District No. 2112

Registered No. 47

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			3	Yes	May (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Russell Gibbons	FULL MAIDEN NAME	Della J. Handcock
RESIDENCE	Weiser R.F.D.	RESIDENCE	Weiser R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Idaho

Filed May 12th 1915 - W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

236-117-044-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 30514

No. ..... St.

Primary Registration District No. 2112 Registered No. 46

Hospital .....

FULL NAME OF CHILD Harold Ernest Stover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Stover	FULL MAIDEN NAME	Emma Brown
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mont.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boonalive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed May 19th 1915 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-14-41

434-117-04-294

PLACE OF BIRTH

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30515

County of Washington

City of Weiser

Registration District No. 86

File No.

No. , St.

Primary Registration District No. 2112

Registered No. 49

Hospital

FULL NAME OF CHILD Martin William McMinn

Sex of Child Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth May (Month) 17 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	William H. McMinn	FULL MAIDEN NAME	Julia E. Sims
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lake Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Weiser Idaho

, 19

Filed May 19th 1915 W. R. Hamilton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 17, 1940. L.W.

AUG 26 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30510

County of Washington

City of Weiser Ida

No. ....., ... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 1010 Registered No. 50

FULL NAME OF CHILD Evelyn Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	May	30	1915

FATHER		MOTHER	
FULL NAME	Lester Baker	FULL MAIDEN NAME	Esther Elam
RESIDENCE	Vale Ore	RESIDENCE	Vale Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Haines Ore	BIRTHPLACE	Ozark Mo
OCCUPATION	Chef.	OCCUPATION	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Idaho

Filed June 1 1915 W. R. Hamilton Registrar

Registrar

S-Y CO., 16670

FEB 1 0 1976

133217044213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser Ida.

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 30517

Primary Registration District No. 1010 Registered No. 95

FULL NAME OF CHILD Maxine Allen

Sex of Child F. | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4 (Month) 17 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Claud Talbot Allen	FULL MAIDEN NAME Edith Lenora Satem
RESIDENCE Weiser Ida.	RESIDENCE Weiser Ida.
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Oberlin Kan	BIRTHPLACE Weiser Idaho
OCCUPATION Salesman.	OCCUPATION H W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Fleming

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4-20 1915 W. R. Hamilton
Registrar

2

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1942

364-168-044294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 86 File No. 30518

Primary Registration District No. 1010 Registered No. 426

FULL NAME OF CHILD Ambrose Dudley Coulter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Apr 28 1915

FATHER		MOTHER	
FULL NAME	Everett J. Coulter	FULL MAIDEN NAME	Clara Kimball
RESIDENCE	Payson Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Washburn
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

Filed 4-22 1915 W. P. Hamilton
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

231-121-044-2

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washing[redacted]

City of Meiser

Registr[redacted] 86

File No. 30519

No. ....., ... St.

Primary Registration District No. 1010

Registered No. 37

Hospital .....

FULL NAME OF CHILD Christian Edwin Stahl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mal		4th	Yes	April 21, 1913

FATHER		MOTHER	
FULL NAME	Frederick Stahl	FULL MAIDEN NAME	Naomi Katherine Kent
RESIDENCE	Meiser	RESIDENCE	Meiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Lenark Ill.	BIRTHPLACE	Lucas Co Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dwelley

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Meiser Idaho

Filed 4-25 1913 W. R. Hamilton Registrar

Registrar

S-Y CO., 16670

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certificate of marriage gives name as Christian Edwin Stahl. Dated March 16, 1942. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 30519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Christian Edwin Stahl

Subscribed and sworn to before me this 25th day of September, 1946.

Notary Public, residing at Weiser, Idaho
My commission expires Jan. 1, 1948
(Seal)

Signed Mrs. Naomi Stahl (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

703 East Main, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1961.

Ward Sutton
Notary Public, residing at Weiser, Idaho
My commission expires Dec. 20, 1961
(Seal)

Signed Ira Stahl (older Brother)
(Signature of Any Credible Person)

709 East Comercial St
(Street Address, City, State)
Weiser Idaho

FORM DPH 55.153

Employment record gives name as Christian Edwin Stahl. Dated October 24, 1947. Viewed by V. S.

JAN 17 1962

395-224-044239

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

County of Washington

City of Meiser

Registration District No. 86

File No. 30520

No. ....., ... St.

Primary Registration District No. 1010

Registered No. 38

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Females

Twin, ~~Triplet, or other?~~ ✓ and Number in order of birth 6th (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Apl (Month) 24 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Barney Linkous	FULL MAIDEN NAME	Maggie Still
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th + 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 8 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Dwelley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Meiser Ida

Filed 4-30 1915 M. R. Hamilton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2

Z- A + B TWINS.

395-224-044239

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

County of Washington

City of Meiser

Registration District No. 86

File No. 30520

No. ....., ... St.

Primary Registration District No. 1010

Registered No. 38

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Females

Twin, ~~Triplet, or other?~~ ✓ and Number in order of birth 6th (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Apl (Month) 24 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Barney Linkous	FULL MAIDEN NAME	Maggie Still
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th + 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 8 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Dwelley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Meiser Ida

Filed 4-30 1915 M. R. Hamilton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2

Z- A + B TWINS.

652.226104X-615

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30521

County of Washington

City of Weiser Ida.

Registration District No. 86 File No.

No. — St.

Primary Registration District No. 1010 Registered No. 39

Hospital —

FULL NAME OF CHILD Lois Webb.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	4 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James B. Webb	FULL MAIDEN NAME	Clara Favre.
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30. (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Searcy Arkansas	BIRTHPLACE	Oregon
OCCUPATION	Mail Carrier. City.	OCCUPATION	H. wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 4-30 1915 W. R. Hamilton
Registrar

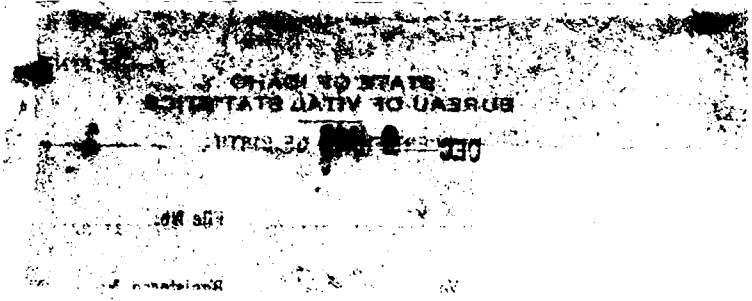
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 2 3 1973

JUN 2 2 1953

JAN 5 1961

NOV 2 3 1941

351-127-044-399

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 30523

Primary Registration District No. 1010 Registered No. 41

FULL NAME OF CHILD Richard Eugene Teater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. Ernest Teater	FULL MAIDEN NAME	Maud Tripp
RESIDENCE	~~Kansas~~ Ida	RESIDENCE	~~Kansas~~ Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walshouse

physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Weiser Idaho

Filed 4-30 1915 W. R. Hamilton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

(136.130-044-436

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 16 File No. 30524

Primary Registration District No. 1010 Registered No. 42

FULL NAME OF CHILD Floyd William McFadden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male		2nd	yes	April	30	1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Le Doto McFadden	Carrie Parker McFadden
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Kansas	Weiser
OCCUPATION	Teamster	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Dudley

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-2 19 15 W. R. Hamilton

Registrar

S-Y CO., 16670

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30524

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McFadden (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Floyd William McFadden

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADAMS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of
JUNE, 19 75

.....
Notary Public, residing at Council, Ida.
My commission expires June 7-19-78
(Seal)

Signed Darwin D. Leslie
(Signature of Any Credible Person)

Council, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/27/75

Own child's birth certif. on file in Idaho gives name as (232134 file nO.) as Patricia Louise McFadden. bonr July 18, 1939. father's name givne as Flody William McFadden. viewed by V. S.

JUN 2 1975

Insurance policy from The Equitable Life Assurance Society of the U.S. gives name as Floyd F. McFadden. dated June 25, 1957. Certif. nO. 9156. viewed by V. S.

653.105-044-316

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser, Idaho

Registration District No. 56 File No. 30525

N Academy Hill St.

Primary Registration District No. 2112 Registered No. 443

Hospital CAWSE

FULL NAME OF CHILD John Wells JOHN CAWSE WELLS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	2	Yes	5 5 1915

FATHER	MOTHER
FULL NAME: James B. Wells	FULL MAIDEN NAME: Martha Anna Cawse
RESIDENCE: LaGrande, Oregon	RESIDENCE: LaGrande, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Barber	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician (Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/6 1915 L. P. Kassinger
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 30525

Date Filed Dec 11

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Wells (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 5, 1915 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John Wells	John Cawse Wells

Subscribed and sworn to before me this 29th
day of January, 19 42
Marion E Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Martha A. Wells
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 29 1942

695-204.044-619

1030

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital Weiser Gen'l

Registration District No. 86 File No. 30526

Primary Registration District No. 1010 Registered No. 22

FULL NAME OF CHILD Irene Frances Elizabeth French

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	# (To be answered only in event of plural births)	2	Yes	4 (Month) 4 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Stewart M. French	FULL MAIDEN NAME Irene Frances Fairbairn
RESIDENCE Riverside, Oregon	RESIDENCE Riverside, Oregon
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Pensylvania	BIRTHPLACE Pensylvania
OCCUPATION Civil Engineer	OCCUPATION House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.25 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-12 19 15 W. P. Hamilton
Registrar

..... Registrar

8-Y CO. 20174

3/24/41 Z.J.

993-102-044-295

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 30527

Primary Registration District No. 1910 Registered No. 31

FULL NAME OF CHILD Harold Kiely Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 2 1916

FATHER		MOTHER	
FULL NAME	Warren L. Rice	FULL MAIDEN NAME	Sarah D. Kiely
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Reno Nev.	BIRTHPLACE	Reno Nev
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Waybourn
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

_____ 19____
Registrar

Filed 2-12 1915 W. R. Hamilton
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1948

766-105-044-.995

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30528

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 22

FULL NAME OF CHILD Herman Riebe Goodwin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	8	yes	Apr 5 1913

FATHER		MOTHER	
FULL NAME	Mercer W Goodwin	FULL MAIDEN NAME	Anna Riebe
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	York Co Maine	BIRTHPLACE	Ohio Co West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M on the date above stated.

(Signature) D V Barton M D

(Physician or midwife)

Address Payette Idaho

Filed 4—6 1915 W. P. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 24 12 42 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss. Certificate No. 30528

County of UNION } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Goodwin (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Herman Riebe Goodwin

Subscribed and sworn to before me this 21 day of April 1975

SHIRLEY L. BOHN, COUNTY CLERK

Notary Public, residing at La Grande, Ore. DEPUTY

My commission expires

(Seal)

Signed x Chas. E. Goodwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Rt # 3 B-43312 La Grande Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Union }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge Also that I'm his sister (older)

Subscribed and sworn to before me this 22 day of April 1975

Shirley L. Bohn County Clerk

Notary Public, residing at La Grande, Ore.

~~My commission expires~~

(Seal)

Signed Edna M. Dangerford

(Signature of Any Credible Person)

2703 N. Birch St.

(Street Address, City, State)

La Grande, Ore - 97850

FORM DH 60-155

CL 3/31/75

Family record gives name as Herman Riebe Goodwin. born April 6, 1915. viewed by V. S.

JUN 11 1975

Paper from Public Utility Commissioner of Oregon gives name as Herman Reibe Goodwin No. LMC 285. copy of xd order No. 39070, dated Feb. 13, 1963. viewed by V. S.

666-113-044-895

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30529

Registration District No. 86 File No. _____

Primary Registration District No. 1010 Registered No. 39

FULL NAME OF CHILD James Harold Woodland

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Calvin E. Woodland	FULL MAIDEN NAME	Nellie Hindman
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Weiser Ida.

Filed 4-15 1915 W. P. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

[illegible] STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Weiser

No. 953 W. 4th St.

Registration District No. 186

File No. 30530

Primary Registration District No. 1860

Registered No. 27

Hospital

FULL NAME OF CHILD Marguerite Aileen White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie E. White	FULL MAIDEN NAME	Lillie Robertson
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 4-10 1915 M. R. Hamilton Registrar

Registrar

8-Y CO. 24658

[redacted]

MAR 1 9 1975

199-11-044-619

PLACE OF BIRTH

AMENDED JANUARY 8, 1954

County of Washington

City of Jonathan

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 30531

Primary Registration District No. 2112 Registered No. 28

FULL NAME OF CHILD Kenneth Carlson Griffitts

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? # and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Male	(To be answered only in event of plural births) 2	Yes	March 14, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Finis W. Griffitts	FULL MAIDEN NAME: Ora Farthing
RESIDENCE: Jonathan, Idaho	RESIDENCE: Jonathan, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Shirley

(Physician or midwife)

Address Weiser, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed March 30, 1915 W. R. Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Washington

Certificate No. 30531
Date Filed March 30, 1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Kenneth Carlson Griffits (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1915 (Date of Event) in Jonathan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Cert. #89920 (Bible Record, Insurance Policy, Etc.) prepared on Feb. 20, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kenneth Carlson Griffits	Kenneth Carlson Griffitts
Fathers name	Finis W. Griffits	Finis W. Griffitts

Subscribed and sworn to before me this 8th day of Jan, 1924

Notary Public, residing at Mabel Elder
My commission expires
(Seal)

Signed Ora Farthing Griffitts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Fruitland, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Ida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Jan, 1924

Notary Public, residing at Mabel Elder
My commission expires
(Seal)

Signed Finis W. Griffitts
(Signature of Any Credible Person)

Route #1, Fruitland, Idaho
(Street Address, City, State)

DPH 52.155

758-225-044-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Ida.

No. — St.

Hospital —

Registration District No. 86

File No. 30532

Primary Registration District No. 1010

Registered No. 29

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	3 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. T. Peyton	FULL MAIDEN NAME	Lola May Baker.
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42.	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Princeton Iowa.	BIRTHPLACE	Cuba. Kansas.
OCCUPATION	Ranch Foreman	OCCUPATION	H Wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Filed 3-30 1915 W. R. Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9-3-59

PLACE OF BIRTH

152-219-016-95-3

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30533

Primary Registration District No. 2196 Registered No. 326

FULL NAME OF CHILD Mamie Viola Jespersen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 19, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Fredrick William Jespersen	FULL MAIDEN NAME: Evangeline Retallicik
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Heber, Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) John M. Miuter

Physician
(Physician or midwife)

Address .....

Filed 6-14-1915 Dr. J.C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30533

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mamie Jespersen (Name on Original Certificate) who was born (Was Born or Died) on - (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate & Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 19, 1953 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Mamie Jespersen	Mamie Viola Jespersen
Date of Birth	Not given	April 19, 1915

Subscribed and sworn to before me this 11th day of July, 1959

Notary Public, residing at Tacoma, Wash.
My commission expires June 19, 1961
(Seal)

Signed E. O. Jespersen - Bro.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4801 So. Peach - Tacoma Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

L. 6-5-59

L.D.S. Certificate of Baptism & Confirmation, May 6, 1923 gives name as Mammie Viola Jespersen - viewed by V.S. also her birthdate is given as April 19, 1915.

State of Washington Certificate of Marriage, #50404, July 14, 1931 gives brides full name as Mamie Jespersen - viewed by V.S. groom was Leo Mattoni-

Own Child's Hospital Birth Certificate, Tacoma, Washington, Oct. 5, 1936, gives name of Child as Jack Raynard Mattoni, father's name as Leo Mattoni and mother's name as Mamie Viola Jespersen, born April 19, 1915 in Idaho - viewed by V.S.

we are only adding a middle name and birthdate -

299-22-16-793

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30534

Primary Registration District No. 2196 Registered No. 321

FULL NAME OF CHILD Vera CAROLYN Bridges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female		One	Yes	May 25 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Milas Bridges	Alice Pearl Hart Wilman
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	20 (Years)
BIRTHPLACE	Illinois	Utah
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minder

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-14-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24055

AUG 22 1942

299-128-016-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30535

Primary Registration District No. 2196 Registered No. 322

FULL NAME OF CHILD Raymond Garth Brum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	and	One	Yes	April 28 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Ray Brum	Adelia Pearl Gilman
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	21 (Years)
BIRTHPLACE	Albion	Mt Pleasant Utah
OCCUPATION	Laborer	Home Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Meade

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-14-15 19..... Dr. J. C. Patterson

..... Registrar

S-Y CO. 24655

Registrar

792.113.016-453

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 30536

Primary Registration District No. 2196 Registered No. 223

FULL NAME OF CHILD Donald Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	Yes	Mch 13 1915

FATHER		MOTHER	
FULL NAME	William Henry Gibson	FULL MAIDEN NAME	Emma Meahan
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Henryville Utah
OCCUPATION	Harmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mather

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-14-15 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

385-221-016-942

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30537

Primary Registration District No. 2196 Registered No. 324

FULL NAME OF CHILD Mace Margarett Chesley

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	Two (To be answered only in event of plural births)	Yes	April 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Mayhew Chesley.	FULL MAIDEN NAME	Hattie May Russell
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mason Co W. Virginia	BIRTHPLACE	Kanawha Co W. Virginia
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 6-15-15 19.... Dr. J. C. Patterson
Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-126-16249

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30538

Primary Registration District No. 2196 Registered No. 325

FULL NAME OF CHILD Robert Spencer David

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	April 26, 1915

FATHER		MOTHER	
FULL NAME	Herbert Ray David	FULL MAIDEN NAME	Elizabeth Smith
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salesberg Kans.	BIRTHPLACE	Denver Colo
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.45 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mueller

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6-14-15 19..... Dr. J. C. Patterson

Registrar

S-Y CO. 24658

FEB 16 1949

JUN 12 1942

299-117-016-689

PLACE OF BIRTH

Form V, S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Moulton

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30539

Primary Registration District No. 2196 Registered No. 320

FULL NAME OF CHILD Hugh Marvin Bird

Sex of Child Male | Single, Twin, or Triplet (To be answered only in event of plural births) | and | Number in order of birth Seventh | Legitimate? Yes | Date of Birth May (Month) 17 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Henry Joseph Bird	FULL MAIDEN NAME Lydia White
RESIDENCE Moulton Idaho	RESIDENCE Moulton Idaho
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Murray Salt Lake Co Utah	BIRTHPLACE Farmington Davis Co Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 lbs. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J Ross M.D.

(Physician or midwife)

Address Moulton Idaho

Given names added from a supplemental report.

..... 19.....

Filed 6-1- 1915 Dr. J. C. Patterson

Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1967
JUN 5 1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-211-016-152

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 30540

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lorna Irene Kinser

Sex of Child Female

~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 13

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 11 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME D A Kinser	FULL MAIDEN NAME Alice Almeda Ellen Caldwell
RESIDENCE Burley	RESIDENCE Burley
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Iowa USA	BIRTHPLACE Ohio USA
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Evans

Physician (Physician or midwife)

Address Burley. Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

8-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 30540

Date Filed May 11-1965

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Kinser (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1915 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lorna Irene Kinser

Subscribed and sworn to before me this 17 day of May, 1965

Vera U. Twigg

Notary Public, residing at Blackfoot

My commission expires April 19 1969

(Seal)

Signed Marie Dayley Bruesch, Attendant

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. D. 1 Burley Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of May, 1965

Vera U. Twigg

Notary Public, residing at Blackfoot Ida.

My commission expires April 19 1969

(Seal)

Signed Mary Jean Bewley ~~Marie Dayley Bruesch Attendant~~

(Signature of Any Credible Person)

~~R. D. 1 Burley Idaho~~

(Street Address, City, State)

FORM DH 60-155

CL 9-23-64. one copy pd. rec. #17635.

L.D.S. Church Cert. of Baptism and Confirmation, Sept. 7, 1924 gives full
Irene Kinser, daughter of David A. Kinser and Alice A. Robert, born May 11,
Spring Dale, Idaho - viewed by V.S.

DEC 2 19

Certificate of Marriage, State of Utah, County of Juab, married June 26, 1931 at
Utah, gives full name of groom as John Wilford Hill and full name of bride as Lorna
Irene Kinser - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-103-016-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30541

Primary Registration District No. 2196 Registered No. 319

FULL NAME OF CHILD Reed McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	5-3-15 191...

FATHER		MOTHER	
FULL NAME	C. B. McBride	FULL MAIDEN NAME	Ellen Bennett
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.10 a. M on the date above stated.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 6-1-15 19... Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

S-Y CO. 24655

DECEASED FEB 26 1952

555-105-016-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30542

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. _____

Primary Registration District No. 2196 Registered No. 318

FULL NAME OF CHILD Carlos T. Venable

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	5-5-15 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Venable	Zula Lyon
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22.
BIRTHPLACE	Texas	Colo
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. _____ 19...

_____ Registrar

Filed 6-1-15 19... Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

166-21-016-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30543

Primary Registration District No. 2196 Registered No. 317

FULL NAME OF CHILD Moffett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes.	5-11-15 191...

FATHER		MOTHER	
FULL NAME	C. A. Moffett	FULL MAIDEN NAME	Martha Barnes
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32.
		BIRTHPLACE	Utah
		OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

363-106-016-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 30544

Primary Registration District No. 2196 Registered No. 316

FULL NAME OF CHILD Robert C. Coleman CAUTHORN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	5-6-15 191...

FATHER		MOTHER	
FULL NAME	A. E. Coleman	FULL MAIDEN NAME	Orpha Cauthorne
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Printer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.15 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....., 19.....

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 30544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert C. Coleman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 5, 1915 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Robert C.	Robert Cauthorn Coleman

Subscribed and sworn to before me this 13th
day of Feby, 1942

J. A. Foster

Notary Public, residing at Burley Ida

My commission expires Oct 22-1942
(SEAL)

Signed H. C. Coleman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

257 Normal Burley Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Feby, 1942

J. A. Foster

Notary Public, residing at Burley, Ida.

My commission expires Oct 22-1942
(SEAL)

Signed Orpha M. Coleman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

251 S. Normal Burley Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

251-414-016-466
PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 30545

Primary Registration District No. 2196 Registered No. 315

FULL NAME OF CHILD Elvira A. Searle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	5-14-15 191...

FATHER		MOTHER	
FULL NAME	J. E. Searle	FULL MAIDEN NAME	Mary E. Moffett
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1969

JUN 1 0 1976

819-210-016391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30546

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 314

FULL NAME OF CHILD Grace Louise Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes.	5-10-15 1915

FATHER		MOTHER	
FULL NAME	A. P. Harris	FULL MAIDEN NAME	Opal Craig
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	17
		BIRTHPLACE	Arizona
		OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 6-7-15 19..... Dr. J. L. Patterson Registrar

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-24-41

299-203 016-318
PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30547

Primary Registration District No. 2196 Registered No. 313

FULL NAME OF CHILD Faynetta Bixler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	5-3-15 191...

FATHER		MOTHER	
FULL NAME	E. E. Burke	FULL MAIDEN NAME	Edith Taylor
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469.114.016-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 30548

Primary Registration District No. 2196 Registered No. 312

FULL NAME OF CHILD Robert C. Morris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	May 14 1915

FATHER		MOTHER	
FULL NAME	F. D. Morris	FULL MAIDEN NAME	Verda Parker
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Kansas
		OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30548

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morris (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Copy of Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on March 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Robert Chesner Morris

Subscribed and sworn to before me this 31st day of March, 19 77

MURIEL Y. FINLEY
NOTARY PUBLIC-OREGON
My Commission Expires Feb. 17, 1979

Notary Public, residing at Grants Pass, Ore.
My commission expires 2-17-79
(Seal)

Signed Iona P. Dashiell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4990 View Crest Rd. Grants Pass, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Josephine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 19 77

MURIEL Y. FINLEY
NOTARY PUBLIC-OREGON
My Commission Expires Feb. 17, 1979

Notary Public, residing at Grants Pass, Ore.
My commission expires 2-17-79
(Seal)

Signed Henry H. Dorey
(Signature of Any Credible Person)

1685 NE Terrace Drive
(Street Address, City, State)
Grants Pass, Oregon 97526

FORM DH 60-155

CL 1/13/77

FEB 1 8 1977

Birth certif from Arkansas for Iona Rose Morris born Jan 13, 1936 at ~~Oak~~ Garland, Arkansas. father's name as Robert Morris and mother's name as Leatha Irene Nowlin. viewed by V. S.

Statement from Greater Oregon Health Service (on bill paid) gives nameas Robert C. Morris. born May 14, 1915. #G-58425. viewed by V. S. dated 10-15-66.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-212-016-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30549

Primary Registration District No. 2196 Registered No. 311

FULL NAME OF CHILD Ruby May Bosa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	5-12-15 191...

FATHER		MOTHER	
FULL NAME	P. C. Bosa	FULL MAIDEN NAME	Hattie Peterson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

253-114-01b789

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 30550

Primary Registration District No. 2196 Registered No. 310

FULL NAME OF CHILD John Marvin Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	5-14-15 (Month) (Day) 191... (Year)

FATHER		MOTHER	
FULL NAME	J. M. Bell	FULL MAIDEN NAME	Jennie Phillips
RESIDENCE	Burley Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

....., 19.....

Filed 6-1-15 19..... Dr. J. C. Patterson
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

953-23-016-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30551

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2194 Registered No. 309

FULL NAME OF CHILD Luthur George Ritalleck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M.				Yes	5-23-15 191... (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. L. Ritalleck	Louise Stevenson
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Mont	Utah.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M D (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-122-016964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 30552

Primary Registration District No. 2196 Registered No. 308

FULL NAME OF CHILD Milfred Creed Talley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes.	5-22-15 (Month) (Day) 191... (Year)

FATHER		MOTHER	
FULL NAME	C. C. Talley,	FULL MAIDEN NAME	Sylvia Round
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Burley M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 6-1-15 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1954

362-102-1012-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley R. F. No 3

Registration District No 117 File No. 30553

No ....., ... St.

Primary Registration District No. 2196 Registered No. 307

Hospital .....

FULL NAME OF CHILD Victor Mark Coster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 2 1915

FATHER		MOTHER	
FULL NAME	G J Coster	FULL MAIDEN NAME	Mary E Stevens
RESIDENCE	Pella	RESIDENCE	Pella
COLOR		COLOR	
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Dressmaker

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

Midwife (Physician or Midwife)

Address Burley Idaho R. F. D. No 3

Given names added from a supplemental report

....., 19.....

Filed 6-1-15 19.....

Dr. J. C. Patterson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 24 1968

STATE OF

PLACE OF BIRTH

DECEASED

296-22 [redacted] 239

PLAC[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30554

County of Blaine

City of Bellevue P.O.

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2022

File No. .....

Registered No. 41

FULL NAME OF CHILD Anna Christiane Browning

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	May 20 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: John Richard Browning	FULL MAIDEN NAME: Marie Stinson
RESIDENCE: Buller Ranch, Bellevue P.O.	RESIDENCE: Buller Ranch
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert He. Wright M. D.

(Physician or midwife)

Address Hailey, Idaho.

Given names added from a supplemental report

..... 19.....

Filed May, 22 19 15 Robert He. Wright

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-21 00751

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30555

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 42

FULL NAME OF CHILD Mary Amaral

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7	8	Yes	May (Month) 13 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	John Amaral	FULL MAIDEN NAME	Annie Avala
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	Sheepherder	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed May 20 1915 Robert H Wright

Registrar

Registrar

S-Y CO. 20174

STATE OF IOA
BUREAU OF VITAL S

PLACE OF BIRTH

County of

JUN 17 1970

141-213-607-154

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 30556

Primary Registration District No. 2021 Registered No. 43

FULL NAME OF CHILD Anna Amaral

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)	2	Yes	May 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Amaral	Annie Avala
RESIDENCE	Hailey	Hailey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Portugal	Portugal
OCCUPATION	Sheepherder	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.50 A. M. on the date above stated.

(Signature) W. Kleinman M.D.

(Physician or midwife)

Address Hailey Idaho

Filed May 20 19 15 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

SEP 2 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27-595

County of Blaine

CERTIFICATE OF BIRTH

City of Bellevue

Registration District No. 21

File No. 30557

No. ..... St.

Primary Registration District No. 7077

Registered No. 44

Hospital

FULL NAME OF CHILD Helma Elida Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 10 1915

FATHER		MOTHER	
FULL NAME	Raunaye Earl Judd	FULL MAIDEN NAME	Annie Laura Niedermeyer
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed May 20 1915 Robert H. Wright

Registrar

..... Registrar

S-Y CO. 20174

B

JUL 13 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PTS: 209.007:493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

Registration District No. 21

File No. 30558

No. ..... St.

Primary Registration District No. 2022

Registered No. 45

Hospital .....

FULL NAME OF CHILD Norma Frances Sanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	May (Month) 9 (Day) 1915 (Year)

FATHER

FULL NAME: Rolla Elton Sanger

RESIDENCE: Ketchum Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Macon Nebraska

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Hazel Irene Mills

RESIDENCE: Ketchum Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Hailey Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed May 11 19 15

Robert H. Wright
Registrar

..... Registrar

8-Y CO. 20174

FEB 14 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-218-007-869

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 30559

Primary Registration District No. 7055 Registered No. 46

FULL NAME OF CHILD Maurine George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 18 1915

FATHER		MOTHER	
FULL NAME	S. Lee George	FULL MAIDEN NAME	Hazel Horne
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Ida
OCCUPATION	Deputy auditor	OCCUPATION	HW

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive or stillborn) at 3 25 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed May 25 1915 Robert H. Wright
Registrar

..... Registrar

8-Y CO. 20174

APR 13 1945

713-247-007-619

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 30560

Primary Registration District No. 2077

Registered No. 47

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	May 17 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Paterson	FULL MAIDEN NAME	Margarett Ward
RESIDENCE	Picabo Idaho	RESIDENCE	Picabo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Camp Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Read M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

Filed May 20 19 15 Robert H. Wright

Registrar

..... Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-331958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Blaine

City of Clyde

Registration District No. ~~39~~ 21

File No. 30561

No. ....., ... St.

Primary Registration District No. ~~39~~ 2022

Registered No. 48

Hospital .....

FULL NAME OF CHILD Emily Lucile Wilde

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	nine	Yes	May 23 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jens N. Wilde	FULL MAIDEN NAME	Marie Gregerson
RESIDENCE	Clyde	RESIDENCE	Clyde
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Denmark	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emily Basinger

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Clyde Ida

Filed May 30 1915 Robert H. Wright

Registrar

Registrar

S-Y CO., 16670

CHAGE TO STATE
FEB 18 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81X-21-007367

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 30562

Primary Registration District No. 2022 Registered No. 49

FULL NAME OF CHILD Catherine Haupt

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May (Month) 17 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Victor C. Haupt	FULL MAIDEN NAME: Maud Copeland
RESIDENCE: Hailey Idaho	RESIDENCE: Hailey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Nevada	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Address Hailey, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 20 1915

Robert H. Wright Registrar

8-Y CO. 20174

814-111-03

PLACE OF [redacted]

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 30563

Primary Registration District No. 2127 Registered No. 16

FULL NAME OF CHILD Lloyd Conner Hauptman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3-11-1915

FATHER

FULL NAME Joseph L. Hauptman

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Wisc

OCCUPATION Grader & Lumber

MOTHER

FULL MAIDEN NAME Jessie O'Connor

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wash

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer R. Rogers

Physician
(Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-12-1915 Elmer R. Rogers
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

515-124-031-652

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 30564

Primary Registration District No. 2127 Registered No. 17

FULL NAME OF CHILD Harry Allen Van Cleve

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Orrin M. Van Cleve	FULL MAIDEN NAME	Daisy West
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Clk Gen. Mdse	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Em. Laughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Ida.

Filed 6-1- 1915 Elton B. Rogers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1972

JUN 2 1972

195-131-031-691

PLACE OF BIRTH

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 30565

Primary Registration District No. 2127 Registered No. 18

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 31st 1915

FATHER	MOTHER
FULL NAME: Christ Arneson	FULL MAIDEN NAME: Florence Frantz
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Died
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christ Arneson (Father of child)

(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-1- 1915 Ellen B Rogers Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup 061915-360201

239-108; 030-2[illegible]

PLACE OF BIRTH

County of Lemhi

City of Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30566

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 185

FULL NAME OF CHILD George Harvell Stills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 8 1915

FATHER

FULL NAME: David Stills

RESIDENCE: Salmon Idaho

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Burley Sinner

RESIDENCE: Salmon Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: New Mexico

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs. Whitwell

(Physician or midwife)

Address Salmon Idaho

Filed May 27 19 15 Helen L Smith Registrar

..... 19.....

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1

JUL 23

915-223-080214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30567

Registration District No. 4 1 File No. .....

Primary Registration District No. 2116 Registered No. 136

FULL NAME OF CHILD Phyllis KATHARINE Rand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 2 1915

FATHER		MOTHER	
FULL NAME	Philip Rand	FULL MAIDEN NAME	Mabel Hadley
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Boston Mass.	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 27 1915 Helen L. Smith Registrar

8-Y CO. 24688

MAY 1 8 1967

AUG 2 4 1976

JUN 1 4 1943

619-216-030-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Carmen Creek

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 30568

Primary Registration District No. 216 Registered No. 137

FULL NAME OF CHILD Isabelle Eleanor Farnham

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural birth)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
female			yes	May 16 1915

FATHER		MOTHER	
FULL NAME	Mr Farnham	FULL MAIDEN NAME	Jenette Watson
RESIDENCE	Carmen Creek Ida	RESIDENCE	Carmen Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. Dak	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	H wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. A. Wright M D

(Physician or midwife)

Address Salmon Ida

Filed May 31 1915 Helen L. Smith Registrar

S-Y CO. 24655

OCT 25 1972

559-117-030-693

PLACE OF BIRTH

County of Lemhi

City of 9 Mile So of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30569

Registration District No. 41 File No. .....

Primary Registration District No. 2-116 Registered No. 138

FULL NAME OF CHILD Lloyd William Neiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	May 17th 1915

FATHER

FULL NAME H. F. W. Neiman

RESIDENCE 9 Mile So Salmon, Ida.

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Wisc

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Wittenburg

RESIDENCE 9 Mile So of Salmon Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION H wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-45 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Wright M D

(Physician or midwife)

Address Salmon, Ida.

Given names added from a supplemental report.

..... 19.....

Filed May 31 1915 Helen L. Smith Registrar

..... Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-231-030-689

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

30570

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 189

FULL NAME OF CHILD Winnefred Mackey ~~Jeanne Mackey~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 31 '15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joel D. Mackey	Addie L. Whitlock
RESIDENCE	Salmon Idaho	Salmon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	42
BIRTHPLACE	Nebraska	Oregon
OCCUPATION	Laborer	Housekeeping

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Whitwell

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19 15 Edith D. Herndon Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1968

133-106-020-691

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 30512

Primary Registration District No. 2020 Registered No. 25

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	May 6th 1915

FATHER		MOTHER	
FULL NAME	George A. Allen	FULL MAIDEN NAME	Vera Lola Fraser
RESIDENCE	Sunnyside	RESIDENCE	Sunnyside
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive or stillborn) at 6.30 P. M

(Signature) B. W. Mather

(Physician or midwife)

Address Mountain Home

Filed 5/6 1915 B. W. Mather Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

9-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

455-106-020-389

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 34 — File No. 30573

No. —— St. — Primary Registration District No. 2020 — Registered No. 24

Hospital ——

FULL NAME OF CHILD CLARENCE WILLIAM DEVLIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	——	——	yes	May 6th 1915

FATHER		MOTHER	
FULL NAME	Wm. M. Devlin	FULL MAIDEN NAME	Josephine Thibadeau
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 5/8 1915 B W Mather Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 30573

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Clarence William Devlin

Subscribed and sworn to before me this 27th day of October, 1942

Signed Wm Devlin Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires June, 1945
(Seal)

1724 Bannock
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1942

Signed Wm Devlin
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise, Idaho

My commission expires June, 1945
(Seal)

1724 Bannock
(Street Address, City, State)

NOV 1 1971

793-105-

PLACE OF BIRTH [redacted] OF IDAHO
[redacted] STATISTICS

Form V. S. No. 11-C—20m-2-15-12

025-745

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

Registration District No. [redacted] File No. 30574

Primary Registration District No. 100[redacted] No. 25

FULL NAME OF CHILD William Rexford Gilbertsen

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)	3d	yes	May 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Gilbertsen	FULL MAIDEN NAME	Bella Melbourne Pearson
RESIDENCE	Portland Oregon	RESIDENCE	Grangeville
COLOR	white — AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19____

Address Grangeville Idaho

Filed June 7 1915 — G S Stockton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 30574

County of Santa Clara } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for William Rexford Gilbertsen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 5, 1915 (DATE OF EVENT)

in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 27, 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	William Rexford Gilbertsen

Subscribed and sworn to before me this 7th day of July, 1950

R. E. Longden

Notary Public, residing at San Jose Calif.

My commission expires April 24, 1953

(SEAL)

Signed Bella M. Gilbertsen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

851 Peggy Lane, Campbell, Cal.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Santa Clara

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1950

R. E. Longden

Notary Public, residing at San Jose Calif.

My commission expires April 24, 1950

(SEAL)

Signed Katharine G. Nagel

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

851 Peggy Lane Campbell Cal.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

593130-025-962

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 30575

Primary Registration District No. 2161 Registered No. 24

FULL NAME OF CHILD Joseph Eli Vicory

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	May 30 1915

FATHER		MOTHER	
FULL NAME	Herrick J Vicory	FULL MAIDEN NAME	Hattie M Rossiter
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	W	COLOR	W
		AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 7 1915 G S Stockton

..... Registrar

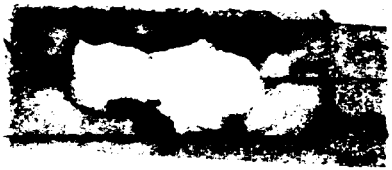
Registrar

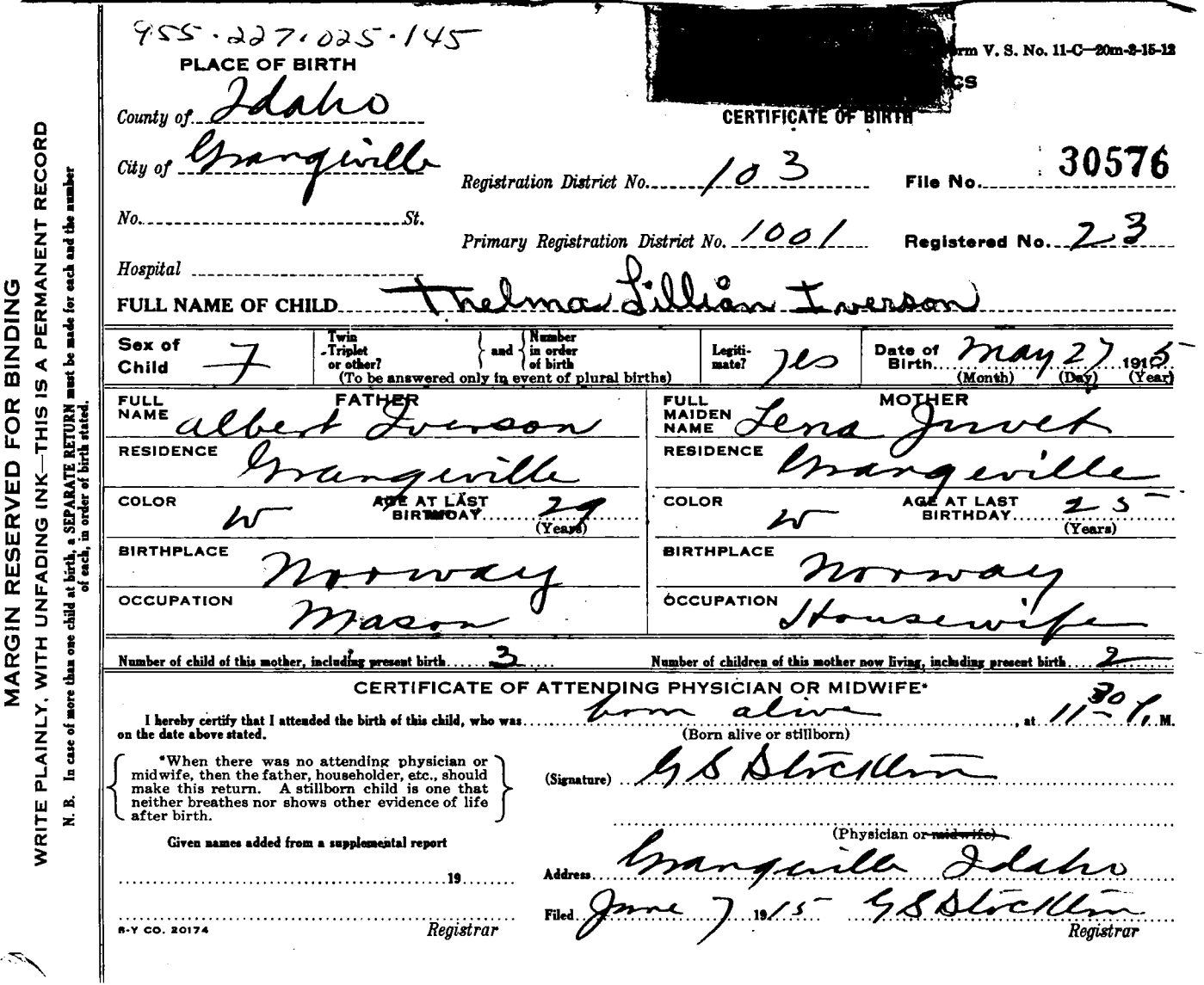
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





955·227·025·145

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

[redacted]

rm V. S. No. 11-C—20m-2-15-12

CS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 30576

Primary Registration District No. 1001 Registered No. 23

FULL NAME OF CHILD Thelma Lillian Iverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	May 27 1915

FATHER		MOTHER	
FULL NAME	Albert Iverson	FULL MAIDEN NAME	Lena Jarvet
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1915 G S Stricklin

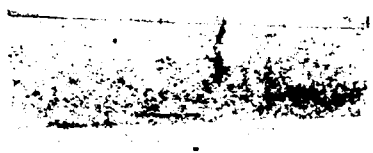
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



717-214.025-869

PLACE OF BIRTH*

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 30578

No. ..... St.

Primary Registration District No. 1001 Registered No. 21

Hospital .....

FULL NAME OF CHILD Pauline Claire Gager

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	May 14 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester C Gager	FULL MAIDEN NAME	Nellie E Horning
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed June 7 1915 G S Stockton

..... Registrar

S-Y CO. 50174

..... Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

BUREAU OF VITAL STATISTICS

OCT 5 8 16 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 30578

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1915 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Pauline Claire Sager

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Birth certif for James Robert Love born Sept 2, 1939 in Spokane, Wash gives name of father as Fletcher Lyle Love and Pauline Claire Gager. viewed by V. S.

Letter from Spokane Public schools gives name Pauline Gager, attended Sheridan school, born May 14, 1915. parent listed as C. C. Gager. frolm Census book for May 1, 1921. viewed by V. S.

DEC 16 1976

Certif of Membership from the United Presbyterian Church gives name as Pauline Claire Love. dated April 7, 1963. viewed by V. S.

339-211-025-253

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30579

Registration District No. 103 File No. .....

Primary Registration District No. 1061 Registered No. 20

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂			Yes	May 11 1915

FATHER		MOTHER	
FULL NAME	Earl H Clinger	FULL MAIDEN NAME	Anna E Kelly
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 7 19 15 G S Stricklin

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-375928

437-20410257133

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 30580

No. ____ St.

Primary Registration District No. 2181 Registered No. 19

Hospital ____

FULL NAME OF CHILD Marguerite Caroline McGee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	May 4 (Month) 1 (Day) 15 (Year)

FATHER		MOTHER	
FULL NAME	John L McGee	FULL MAIDEN NAME	Mabelle C Allen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....19....

Filed June 7 1915 G S Stricklin

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

COUNTY OF

(Y)

612-103-025-796

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 103 File No. 30581

Primary Registration District No. 1001 Registered No. 18

FULL NAME OF CHILD Vincent Gilbert Wakeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 3 1915

FATHER		MOTHER	
FULL NAME	Newey L Wakeley	FULL MAIDEN NAME	Annie M Grossman
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Wash
OCCUPATION	Mining Promoter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Shickler

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 7 1915 G S Shickler

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-264-009-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]IFICATE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81 File No. 30582

Primary Registration District No. 2158 Registered No. 32

FULL NAME OF CHILD Mary Louise McIntyre

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Norman McIntyre	FULL MAIDEN NAME	Lama Pettis Barrow
RESIDENCE	Township 57	RESIDENCE	Township 57
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. McCarty

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Priest River Ida

Filed May 20 1915 E. D. McCarty Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-14-12

TE OF IDAHO
F VITAL STATISTICS

RTIFICATE OF BIRTH

[redacted]

JUN 19 1975

365-124-009-317

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Blue Lake on Priest Lake Road

Registration District No. 81

File No. 30583

No. ..... St.

Primary Registration District No. 2158

Registered No. 33

Hospital .....

FULL NAME OF CHILD Marion Ellen Long

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—		—	yes	May	24	1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Michel Long	FULL MAIDEN NAME	Maude Capuri
RESIDENCE	Ranch Township 58	RESIDENCE	Township 58
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. McCarty

Physician (Physician or midwife)

Address Priest River Ida

Given names added from a supplemental report

..... 19.....

Filed May 24 19 15 E D McCarty Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1942

219-112-009-152

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of

No. St.

Hospital

Registration District No. 81

File No. 30584

Primary Registration District No. 2158

Registered No. 34

FULL NAME OF CHILD Robert Henry Kaiser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Angus Kaiser	FULL MAIDEN NAME	Louise Anselmo
RESIDENCE	Township 56	RESIDENCE	Township 56
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pine River	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~[illegible]~~ Reported John Kaiser

Father (Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed May 24 1915 E D McCarty Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-128-009-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81 File No. 30586

Primary Registration District No. 2138 Registered No. 37

FULL NAME OF CHILD Luinn Wilson Puhl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 28th 1915

FATHER

FULL NAME: Adolph Albert Puhl

RESIDENCE: Priest River Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Menomonie Wisconsin

OCCUPATION: Druggist

MOTHER

FULL MAIDEN NAME: Cornie May Wilson

RESIDENCE: Priest River

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Rushville Ill.

OCCUPATION: House wife

Number of child of this mother, including present birth: second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph Albert Puhl
Father

(Physician or midwife)

Address Priest River

Given names added from a supplemental report

..... 19.....

Filed June 1 1915

..... Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 2 0 1942

MAR 1 1 1971

+55·114·009-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81 File No. 30587

Primary Registration District No. 2158 Registered No. 96

FULL NAME OF CHILD Alvin Hensley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 14th 1913

FATHER		MOTHER	
FULL NAME	Hiram Hayes Hensley	FULL MAIDEN NAME	Sallie Corn
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

(Signature) H. H. Hensley
Father
(Physician or midwife)

Address .....

Filed June 1st 1913 E D McCarty
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248218.035-713

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital St. Joseph's

ST[redacted]O
BUREAU [redacted]ATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30588

Primary Registration District No. 1009 Registered No. 44

FULL NAME OF CHILD Kathryn Jane Key

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 18 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dr. John L. Key	Francis Merrill Patterson
RESIDENCE	McIntosh South Dakota	McIntosh South Dakota
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	South Dakota	South Dakota
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White M D (Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1915 R. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Wheatland } ss.

Certificate No. 30588

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kathryn Jane Key (Name on Original Certificate) who Born (Was Born or Died) on Jan. 18 1915 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr. White + Hospital (Bible Record, Insurance Policy, Etc.) prepared on Jan. 18, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Kathryn Jane Key

Subscribed and sworn to before me this 19th day of May, 1944

J. H. C. Wyman
Notary Public, residing at Harlowton Mont.

My commission expires Feb. 1, 1946 (Seal)

Signed Mrs. Frances M. Graham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Wheatland } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 1944

J. H. C. Wyman
Notary Public, residing at Harlowton Mont.

My commission expires Feb. 1, 1946 (Seal)

Signed Buckley E. Graham
(Signature of Any Credible Person Other Than Previous Year)

Two Dot, Montana,
(Street Address, City, State)

MAY 1 1974

369-105.035-492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perces

City of Lewiston

No. 1 St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30589

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 46

FULL NAME OF CHILD Frederick Perrin Lorang

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 5 1915

FATHER		MOTHER	
FULL NAME	Albert Lorang	FULL MAIDEN NAME	Hazel Warner
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Clerk (R.C. Beach Co.)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Edgar L. White M.D.
(Physician or midwife)

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins
Registrar

S-Y CO. 24655

12-15-41.

868-210-035-243

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9c File No. 30590

Primary Registration District No. 1009 Registered No. 46

FULL NAME OF CHILD Eleanor Hoyt.

Sex of Child: Female | Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: March 10 (Month) (Day) 1915 (Year)

FATHER

FULL NAME: Harland Marion Hoyt

RESIDENCE: Lewiston Ida

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Duluth Minn.

OCCUPATION: Bridge-Contractor

MOTHER

FULL MAIDEN NAME: Margaret Butler

RESIDENCE: Lewiston Ida.

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Lewiston Ida.

OCCUPATION: Housewife.

Number of child of this mother including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White M.D.
(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

Filed June 10 19 15 L J Perkins
Registrar

..... Registrar

S-Y CO. 24655

165-204-035-997

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. Stuks Add St.

Registration District No. 96 File No. 30591

Primary Registration District No. 1002 Registered No. 47

Hospital

FULL NAME OF CHILD Llewellyn Elizabeth Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 4 1915

FATHER		MOTHER	
FULL NAME	Edwin Llewellyn Jones	FULL MAIDEN NAME	Gertrude Hilda Riggs
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Minn.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD
(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19....

Filed June 10 19 15 L. J. Perkins
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1955

FEB 2 1949

533-113-035-155

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. University Add. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30592

Primary Registration District No. 1009 Registered No. 48

FULL NAME OF CHILD Johnnie - Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Ellis	FULL MAIDEN NAME	Martha Jensen
RESIDENCE	Osakis Minn	RESIDENCE	Osakis Minn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	South Dakota	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 45 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed June 10 1915 L J Perkins

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 20 1965

553-113-035-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. Prospect Ave

Hospital —

Registration District No. 96 File No. 30593

Primary Registration District No. 1009 Registered No. 49

FULL NAME OF CHILD Barnett William Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	April 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Carl Nelson	FULL MAIDEN NAME	Freda Louise Brust
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 10 P.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1967

FEB 19 1942

FEB 14 1944

141-214-035-681

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1st Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30594

Primary Registration District No. 1009 Registered No. 50

FULL NAME OF CHILD Elizabeth Adams.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	April 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry K. Adams.	FULL MAIDEN NAME	Hazel Wyatt
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Colorado.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth (3 days)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Blue) at 3 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

514-201-075-348

[redacted] 25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston R.F.D.

No. (Hatawai Creek) St.

Hospital —

STATE O[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 30595

Primary Registration District No. 1009 Registered No. 51

FULL NAME OF CHILD Victoria Vaughn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Vaughn	FULL MAIDEN NAME	Catherine Levy
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Oregon	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-107-075-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Form V. S. No. 11-Q—25m-1-1-18

STATE [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9c

Primary Registration District No. 1009

File No. 30596

Registered No. 52

FULL NAME OF CHILD Frederick Hawcroft

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 7 1916

FATHER		MOTHER	
FULL NAME	Moses Hawcroft	FULL MAIDEN NAME	Margaret Buck
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	California	BIRTHPLACE	Grangeville Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward S Broadwell

Physician (Physician or midwife)

Address Lewiston Idaho

Filed June 10 - 19 15 L. J. Perkins Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

B-Y CO. 24655

DEC 5 1973

366-210-035-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 18th St.

Hospital

Registration District No. 96 File No. 30597

Primary Registration District No. 1009 Registered No. 63

FULL NAME OF CHILD Mildred Josephine Townsend

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: May 10 (Month) (Day) 1915 (Year)

FATHER

FULL NAME: George Washington Townsend

RESIDENCE: Lewiston Ida

COLOR: White AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Alice Lewis

RESIDENCE: Lewiston Ida

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.
(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

Filed June 10 1915 L. J. Perkins
Registrar

..... Registrar

S-Y CO. 24695

386-212-035-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30598

County of Nez Perce

City of Lewiston

No. 839 - Main St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 54

FULL NAME OF CHILD Baby Lyon Nora Elizabeth Hollingsworth Lyon

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	single	2	yes	May 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loyd W. Lyon	FULL MAIDEN NAME	Nora Hollingsworth
RESIDENCE	Lewiston, Main St	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsaow

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed June 10 1915 R. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1966

c.c. 6/4/41. [illegible]

469-214-035-295

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30599

Primary Registration District No. 1009 Registered No. 55

FULL NAME OF CHILD Zelma May Morrison

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	May 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph T. Morrison	FULL MAIDEN NAME	Ida L. Kiele
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

765-214-035-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Kettenbach Apts.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30600

Primary Registration District No. 1009 Registered No. 56

FULL NAME OF CHILD — Roberta Ellen (Portius) Inglis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				May 14 1915

FATHER

FULL NAME D. E. Portius.

RESIDENCE Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mo.

OCCUPATION Dairyman

MOTHER

FULL MAIDEN NAME Ethel Woodson.

RESIDENCE Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mo.

OCCUPATION Seamstress.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D. (Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

Name legally changed to Roberta Ellen Inglis by Order of Adoption on February 3, 1930 in the Probate Court of Lewis, County

June 10 1915 L. J. Perkins Registrar

Registrar

State of Idaho. Certified copy of Order of Adoption filed March 23, 1932.

DECEASED

IN THE PROBATE COURT OF LEWIS COUNTY, STATE OF IDAHO.

IN THE MATTER OF THE ADOPTION OF ROBERTA ELLEN PONTIUS, a minor.	ORDER OF ADOPTION

This matter coming on for hearing this 3rd day of February, 1930, upon the petition of D.W. Inglis and Ethel W. Inglis, husband and wife, for the adoption of said minor child, and consent having been made to such adoption by Roberta Ellen Pontius the minor, and Ethel W. Inglis having been examined by the court separate and apart from her husband, and upon such examination the court being satisfied that said wife of her own free will and accord desires such adoption; and after a full examination of the matter, the court being satisfied of the ability of the petitioners to bring up and educate said child properly, and of the fitness and propriety of such adoption.

It is now Ordered and declared that from this date the said Roberta Ellen Pontius to all legal interests and purposes shall be and is the child of said petitioners, and the name of said child is hereby changed to Roberta Ellen Inglis.

(Seal) J.H.Hoech, Probate Judge

Filed this 3rd day of February, 1930.

J.H.Hoech, Clerk.

Note (There was no Certificate of entry of Decree filed)

...E OF IDAHO, ...OUNTY OF LEWIS: CERTIFICATE

I, J. B. Carter, Probate Judge and Ex-officio Clerk of the ...e Court of Lewis County, State of Idaho, do hereby certify that the ... and foregoing instrument is a true and exact copy of the original in...ent, on file and of record in my office in Nezperce, Lewis County, Idaho.

Witness my hand and the seal of this court this [illegible] ...ch, 194[illegible]

[illegible]

Ex-Officio Clerk

17-035-449

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30[illegible]

[illegible] BIRTH

[illegible] Price

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 57

Hospital St Joseph

FULL NAME OF CHILD Donald Ellsworth Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	May 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burns Gray	FULL MAIDEN NAME	Carrie Murch
	Lewiston Idaho	RESIDENCE	Lewiston Ida
[illegible]	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
	Wyoming	BIRTHPLACE	Oregon
OCCUPATION	Furniture Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed June 10 1915 L J Perkins
Registrar

Registrar

B-Y CO. 24655

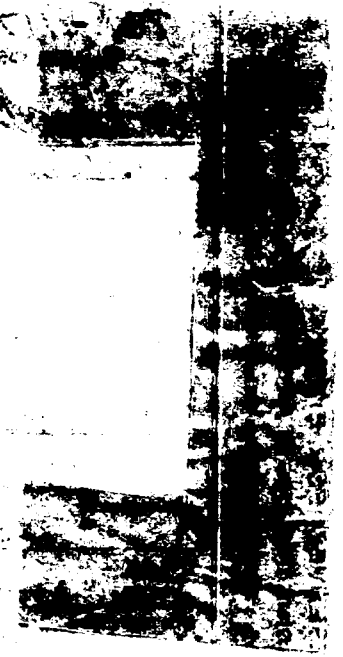
MARGIN RESERVED FOR [illegible]

[illegible]TE PLAINLY WITH UNFAD[illegible]

N. B. In case of more than one child at birth [illegible] of [illegible]

JUL 2 9 1942

OCT 1 0 1942



351-220-035-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of

No. St.

Hospital

Registration District No. 95 File No. 30603

Primary Registration District No. Registered No. 59

FULL NAME OF CHILD Baby Leach Leilla May

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	single	5th	yes	May 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore A. Leach	FULL MAIDEN NAME	Pearl M. Piersol
RESIDENCE	Nez Perce Co, Ida	RESIDENCE	Nez Perce Co, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carrasco

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1945

851-124-035-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 520 - Main St.

~~Hospital~~ Helen Hotel

Registration District No. 9C

File No. 30604

Primary Registration District No. 1009

Registered No. 60

FULL NAME OF CHILD Baby Heath Glen Elvie

Sex of Child male	Twin Triplet or other? single and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis E. Heath	FULL MAIDEN NAME	Glenna Morris
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsow

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

795-125-035-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Orchards

Registration District No. 95 File No. 30605

No. _____ St.

Primary Registration District No. 1809 Registered No. 61

Hospital _____

FULL NAME OF CHILD ~~Baby~~ Green Robert Dillon

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	4	yes	May 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip W. Green	FULL MAIDEN NAME	Sallie Dillon
RESIDENCE	Nez Perce Co Ida	RESIDENCE	Nez Perce Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Montana
OCCUPATION	Sec. Lewiston Land & Water Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsoow

(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

_____ 19__

Filed June 10 - 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.J.

MAR 17 1942

NOV 25 1975

168-125-035-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Holbrook Island St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30606

Primary Registration District No. 1009 Registered No. 62

FULL NAME OF CHILD Ellis Noble Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	May 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer E Johnson	FULL MAIDEN NAME	Olive Elsie Greenwill
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Minn.
OCCUPATION	Teamster (Star Dray)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

Lewiston Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 10 1915 S. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259-126-035-431

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of About 4 miles North of Culdesac

No. ..... St.

Registration District No. 95

File No. 30607

Primary Registration District No. 1009

Registered No. 63

Hospital .....

FULL NAME OF CHILD ROBERT RAYMOND Kernan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 26 1915

FATHER	MOTHER
FULL NAME Ray J Kernan	FULL MAIDEN NAME Nina Irene McAllister
RESIDENCE 4 Miles North of Culdesac	RESIDENCE 4 Miles north of Culdesac
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Illinois
OCCUPATION Farmer.	OCCUPATION House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith MD

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 – 19 15 L J Perkins

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of NEZ PERCE }

Certificate No. 30607

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Raymond Kernan (Name on Original Certificate) who born (Was Born or Died) on May 26, 1915 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by own personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on am mother of Robert Raymond Kernan (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Raymond Kernan

Subscribed and sworn to before me this 30th day of June, 1942.

Notary Public, residing at Lewiston, Idaho.

My commission expires April 8, 1945
(Seal)

Signed Irene Kernan Mrs. Ray Kernan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

627-10th Ave. Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 3 1942

AUG 5 19

293-127-035-292

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 30608

No. ..... St.

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 64

FULL NAME OF CHILD Billy George Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob J. Bely	Mary Sikyta
RESIDENCE	Lewiston Idaho	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Bohemia	Chicago Ill
OCCUPATION	Tailor	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Eugene G Braddock

Physician
(Physician or midwife)

Address Lewiston Idaho

Filed June 10 19 15 L J Perkins Registrar

B-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-230-035-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 722 - 4th St.

Registration District No. 96

File No. 30609

Primary Registration District No. 1009

Registered No. 65

Hospital ANNABELLE CHARLOTTE TAYLOR

FULL NAME OF CHILD Baby Taylor Anna Charlotte

Sex of Child female	Twin Triplet or other? single and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W. Taylor	FULL MAIDEN NAME	Mattie Martin
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Norway
OCCUPATION	Deliveryman, Lewiston grocery	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed June 10 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 30609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Anna (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1915 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anna	Annabelle Charlotte Taylor

Subscribed and sworn to before me this 24th.
day of October, 1942, 19

Notary Public, residing at Seattle, Wash
My commission expires Dec 11th, 1945
(Seal)

Signed Mattie Martin Taylor mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
12240 8th. ave South
Seattle, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th.
day of October, 1942, 19

Notary Public, residing at Seattle, Wash
My commission expires Dec. 11th, 1945
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
4017 34th. ave SW
Seattle, Wash.
(Street Address, City, State)

MAY 8 1944

OCT 28 1942

997-230-035-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 143 Steele Addt. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 30610

Primary Registration District No. 1009 Registered No. 66

FULL NAME OF CHILD Annabelle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 30 1915

FATHER		MOTHER	
FULL NAME	Bert Briggs	FULL MAIDEN NAME	Anna Grimm
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 - 19 15 L. J. Perkins

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

263-215
031-791
[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 30612

Primary Registration District No. 2124 Registered No. 22

FULL NAME OF CHILD Dorothy May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fi		Yes	5 15 1915

FATHER		MOTHER	
FULL NAME	J. Elmer Dolen	FULL MAIDEN NAME	Ruby Graham
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ind.	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Hi

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 9 M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrey
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nezperce Ida

Filed 6-6 1915 J. P. Jones
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 12 1962

395-119-031-249

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Lewis

City of Mobles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30613

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 21

FULL NAME OF CHILD Roscoe Raymond Livengood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	4 19 1915

FATHER		MOTHER	
FULL NAME	Urban H. Livengood	FULL MAIDEN NAME	Winnie Smith
RESIDENCE	Mobles	RESIDENCE	Mobles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 40 9 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Ida

Filed 6-6 1915 J. P. Jones
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 4, 1941. E.W.

MARGIN RESERVED FOR BINDING
WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

792 - 210 - 031 - 913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 30614

Primary Registration District No. 2124 Registered No. 20

FULL NAME OF CHILD Gibbons Elda Winifred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	May 10 1915

FATHER

FULL NAME Meck Gibbons

RESIDENCE Nezperce

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE MO

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ella Rachow

RESIDENCE Nezperce

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 12 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Given names added from a supplemental report

..... 19...

..... Registrar

Address Nezperce Idaho

Filed 6-6 1915 J F Jones Registrar

8-Y CO. 20174

913-218-03-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

Registration District No. 47 File No. 30617

No. ..... St.

Primary Registration District No. 2124 Registered No. 17

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	1st	yes	5 18 19

FATHER

FULL NAME Clyde Ratliff

RESIDENCE Reubens, Idaho.

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Cole

RESIDENCE Reubens Idaho.

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho.

OCCUPATION Work.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Jones, M. D.

(Physician or midwife)

Address Reubens Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 5-18 1915 J. J. Jones
Registrar

..... Registrar

8-Y CO. 24669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

2nd. twin SB

919-116-031-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 30618

Primary Registration District No. 2124 Registered No. 16

FULL NAME OF CHILD Alfred Henry Rainville

Sex of Child M | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth 5 (Month) 16 (Day) 1915 (Year)

FATHER

FULL NAME Fred Rainville

RESIDENCE Nezperce, Idaho

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Calif

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Fuchs

RESIDENCE Nezperce, Idaho

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wash.

OCCUPATION Work.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.
(Physician or midwife)

Address Nezperce, Idaho

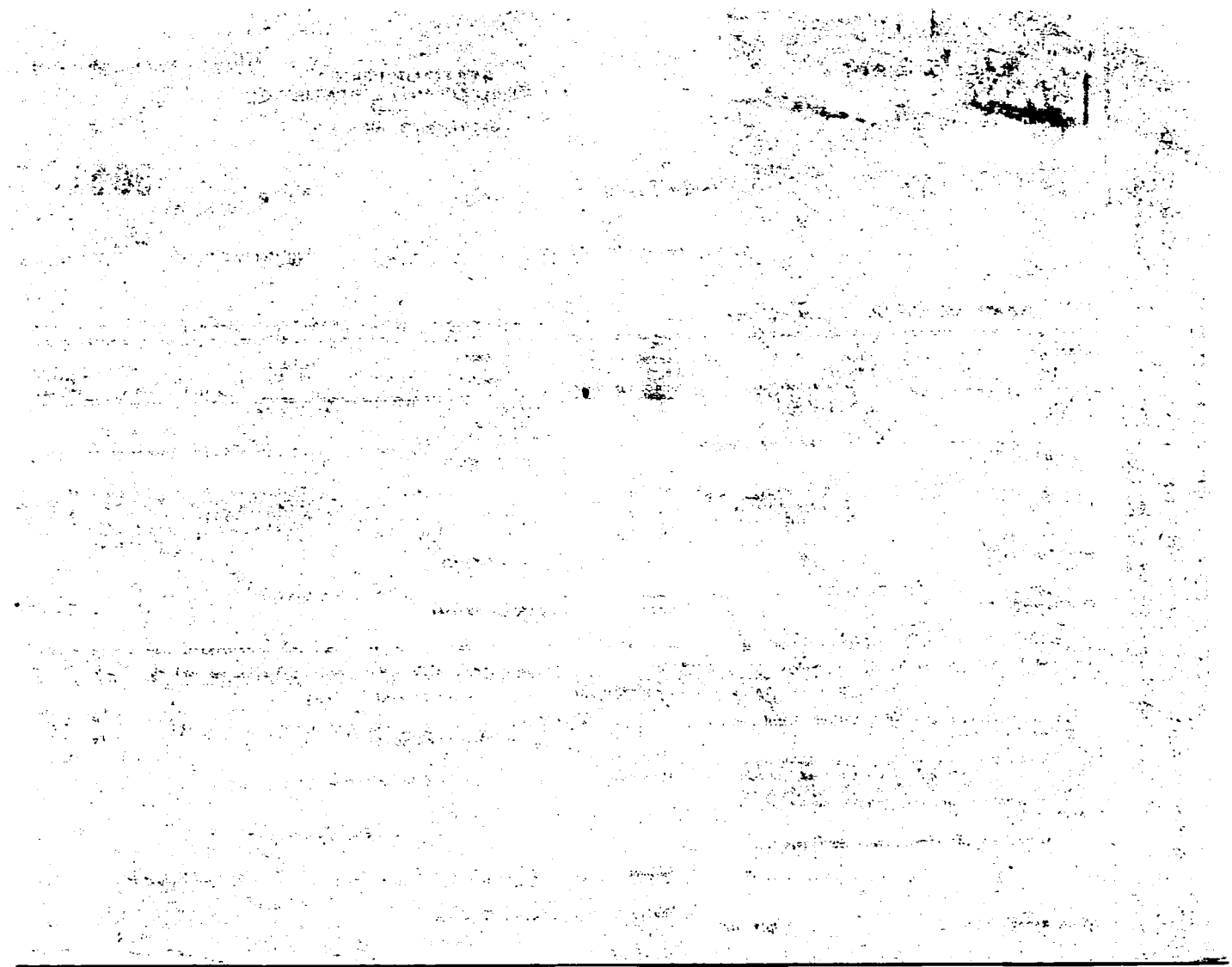
Given names added from a supplemental report.

..... 19.....

Filed 5-16 1915 J. P. Jones
Registrar

..... Registrar

S-Y CO. 24668



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239 [redacted] 003-256

[redacted] BIRTH

Form V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30619

Com[redacted]nook

City of Pocatello

Registration District No. 84 File No. 16

No. 750 No 13 St.

Primary Registration District No. 2161 Registered No. 762

Hospital

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 1 1915

FATHER	MOTHER
FULL NAME George C. Blias	FULL MAIDEN NAME Henrietta Snook
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Pinegrove Colo
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] at 8:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]
Physician
(Physician or midwife)

Address Pocatello

Filed May 15 1915 [redacted] Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

284-104-003-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello.

No. 544 So. Arth St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30620

Registration District No. 84 File No. 16

Primary Registration District No. 2/61 Registered No. 768

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Shaver	FULL MAIDEN NAME	Rosa E. Mason
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Va.
OCCUPATION	Brakeman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Tuely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Registrar

Filed May 10, 1915 O B Tuely Registrar

S-Y CO. 20174

693-114-003-799

Form V. S. No. 11-G—[illegible]-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30621

County of Bannock

City of Pocatello

No. 1521 So. 5th Ave.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 747

FULL NAME OF CHILD Evert Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 14 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Washington Wilcox	FULL MAIDEN NAME	Daisy Maud Grinoer
RESIDENCE	1521 So. 5th Ave.	RESIDENCE	1521 So. 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Moberly Mo	BIRTHPLACE	Macon Mo.
OCCUPATION	Blacksmith	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed May 6, 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 1 3 1972

253-213-003-655

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 118 No. 11 St.

Hospital

FULL NAME OF CHILD ~~Ruby Sylvia~~ Ruth Agnes Selders

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 30622

Primary Registration District No. 2161 Registered No. 746

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	4 13 1915

FATHER

FULL NAME Charles Edward Selders

RESIDENCE Pocatello Idaho

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Loco. Fireman

MOTHER

FULL MAIDEN NAME Harriet Ann Fechtel

RESIDENCE Pocatello Idaho

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or mid-wife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 30 1915

[signature]
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Own Child's Birth Cert. on file:(Idaho Birth) #219936 gives full maiden name of mother as Ruth Agnes Selders - viewed by V.S. and State of Idaho Marriage Certificate, Dec. 25, 1932 gives full name of groom as Emil D. Wright and full maiden name of bride as Ruth Agnes Selders - marriage license was obtained on Dec. 24;

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

1932 in Bannock County, Idaho - viewed by V.S.

Certificate No. 30622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Selders (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Agnes Selders

Subscribed and sworn to before me this 26th day of March, 1961

George B. Hyslop
Notary Public, residing at Pocatello, Idaho
My commission expires Sept 5, 1962
(Seal)

Signed Ruth A. Selders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1961

George B. Hyslop
Notary Public, residing at Pocatello, Idaho
My commission expires Sept 5, 1962
(Seal)

Signed Lester F. Selders
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2-10-61. nm

APR 26 1961

234-212-003-866

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30623

County of Bannock

City of Pocatello

No. N. Pocatello St.

Hospital —

Registration District No. 84 File No. 16

Primary Registration District No. 2X161 Registered No. 745

FULL NAME OF CHILD Evelyn Cloan Sturman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	April (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert E. Sturman	FULL MAIDEN NAME	Katie Hoffhine
RESIDENCE	Pocatello - Ida	RESIDENCE	Pocatello - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Burlingame Kansas	BIRTHPLACE	Grace - Ida
OCCUPATION	Laborer - Car Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 7 40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Henrael, M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Kane Bldg - Pocatello - Ida

Filed May 11 1915 O B Hiesley
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

666-212-003-219

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1556 N 9th St.

Hospital

Registration District No. 814 File No. 30624

Primary Registration District No. 2161 Registered No. 744

FULL NAME OF CHILD Babe Woolsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 12 1915

FATHER		MOTHER	
FULL NAME	John J. Woolsey	FULL MAIDEN NAME	Celia Barker
RESIDENCE	1556 N 9th Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Millard Co Utah	BIRTHPLACE	Cedarville Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:50 A.M. on the date above stated.

(Signature) Ida Ann. Newton

(Physician or midwife)

Address

Filed Apr 18 1915 O B Steeley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-B

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

City of .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 483-110-003-154

(If born in hospital or institution give name.)

30625

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD John Linton Mylar

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Full term	Yes	April 10, 1915

FATHER		MOTHER	
9. Full name	Wilber Kem Mylar	18. Full maiden name	Louise Elizabeth Andrews
10. Residence (usual place of abode) (If non-resident, give place and State)	Cheyenne, Wyo	19. Residence (usual place of abode) (If non-resident, give place and State)	Cheyenne, Wyo
11. Color or race	Wh	12. Age at last birthday	24 (years)
20. Color or race	Wh	21. Age at last birthday	22 (years)
13. Birthplace (city or place) (State or Country)	Arnold, Custer County, Nebraska	22. Birthplace (city or place) (State or Country)	Callaway, Custer County, Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Physician and Surgeon	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Housewife
16. Date (month and year) last engaged in this work	____, 19__	25. Date (month and year) last engaged in this work	____, 19__
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:45 at p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

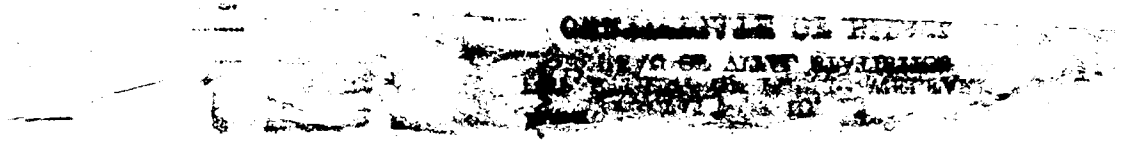
Registrar.

(Signed) Mrs Emma Beal, M. D.

or ____, Midwife

Address Pocatello, Idaho

Filed April 15, 1915, [illegible] [illegible] Registrar.



365-109-003-243

PLACE OF BIRTH

Form V. S. No. 15-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30626

County of Bannock

City of Pocatello

Registration District No. 84 File No. 16

No. 340 N. Buchanan St.

Primary Registration District No. 2161 Registered No. 742

Hospital ——— HOWARD BUDD

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXX~~ Long

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	April 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benj H. Long	FULL MAIDEN NAME	Della Sutrick
RESIDENCE	Pocatello - Ida	RESIDENCE	Pocatello - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Flora, Miss.	BIRTHPLACE	Flora Miss
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard, M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kane Bldg - Pocatello - Ida

Filed Apr 15, 1915 R B Lucky
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 3 19[illegible]

A F F I D A V I T

STATE OF MISSOURI)
)
)
)
COUNTY OF JACKSON)

RE: LONG, Howard Budd
XC 3 519 833

Mrs. Della Braxdale, residing at 814 Harrison Boulevard, Kansas City, Missouri, truthfully states that the father of the above named Veteran has not been heard from since 1926, when he deserted his family. His whereabouts since that date have been unknown.

The Veteran's correct name is HOWARD BUDD LONG.

Della I Braxdale

Subscribed and sworn to before me

this 29th day of May 1944.

Della H. Reed
Notary Public

JUN 14 1944

719-108-003-128

PLACE OF BIRTH

Form V. S. No. 11—~~25m~~-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30627

County of Bannock

City of Inkom

Registration District No. 84 File No. 16

No. ..... St.

Primary Registration District No. 27/61 Registered No. 741

Hospital .....

FULL NAME OF CHILD Cecil William

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Wm Gardner	FULL MAIDEN NAME	Sarah Ann Ashton
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Painters paperhanger	OCCUPATION	Domestic

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M Scadden

Midwife
(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Address Inkom Ida

Filed Apr 30 1915 O B Seely
Registrar

Registrar

S-Y CO. 24696

WRITE ... PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

154-107-003-216

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30628

County of Bannock

City of Central

No. _____ St.

Hospital _____

Registration District No. 84 File No. 16

Primary Registration District No. 21461 Registered No. 740

FULL NAME OF CHILD Roy Julius Anderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
m			Yes	Apr 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Anderson	FULL MAIDEN NAME	Sophia Bjorklund
RESIDENCE	Central	RESIDENCE	Central
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Smith

Bancroft, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Apr 14 1915 O B Steely
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-204-003-315

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30629

County of Bannock

City of Pocatello

No. 114 So. 1st Ave St.

Hospital home

Registration District No. 84 File No. 16

Primary Registration District No. X2161 Registered No. 739

FULL NAME OF CHILD Ayaks Munekage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Yasuskige Munekage	FULL MAIDEN NAME	Okiyono Tani
RESIDENCE	114 So. 1st Ave.	RESIDENCE	114 So. 1st Ave.
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Barber	OCCUPATION	Housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St

Filed Apr 15 1915 O B Steele
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-204-003-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30630

County of Bannock

City of Pocatello

No. 705 S. 4th St.

Hospital ✓

Registration District No. 84 File No. 15

Primary Registration District No. 2761 Registered No. 738

FULL NAME OF CHILD Dorothea Esther Knowles

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes.	April 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilfred Knowles	FULL MAIDEN NAME	Susanna Beatrice McDonald
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Manchester, England	BIRTHPLACE	Manchester, England.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kane Bldg - Pocatello Ida

Filed Apr 15, 1915 [illegible]
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1957

MAR 20 1944

942-203-003-437

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 220 So 5th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30631

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 737

X

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	April 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold B. Rubelmann	FULL MAIDEN NAME	Rose Mildred McGonigle
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Shoshone, Idaho	BIRTHPLACE	Kansas City, Kas
OCCUPATION	Merchant	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Pocatello, Idaho

Filed Apr 15, 1915 O. P. Huey Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-003-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30632

County of Bannock

City of Pocatello

No. 642 S. 6th St.

Hospital ——

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 736

FULL NAME OF CHILD Irza Maude Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar C. Smith	FULL MAIDEN NAME	Maude Ferguson
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Omaha, Nebraska	BIRTHPLACE	Fresno, California
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kam Bldg. Pocatello - Ida.

Filed Apr 15, 1915 O. P. Beeley
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

993-214-003-386

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1112 N. Harrison St.

Registration District No. 84 File No. 30633

Primary Registration District No. 2161 Registered No. 748

Hospital

FULL NAME OF CHILD Hildagard Ritson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes	Apr 14 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Joseph R. Ritson	FULL MAIDEN NAME Marentha Alteria Thompson
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White	AGE AT LAST BIRTHDAY 45 (Years)
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE England	BIRTHPLACE Heber City, Utah
OCCUPATION Carpenter R.R.	OCCUPATION At wife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Coate M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Apr 30, 1915

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1943

389-215-003-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 253 N. 13 St.

Hospital

Registration District No. 84 File No. 30634

Primary Registration District No. 2161 Registered No. 749

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 5 1915

FATHER	MOTHER
FULL NAME: Wilford Christensen	FULL MAIDEN NAME: Della Mitchell
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Hyde Park, Utah	BIRTHPLACE: Salt Lake, Utah
OCCUPATION: R. R. Shopman	OCCUPATION: H. Wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Apr 30, 1915 O. B. Stark Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-116-003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Fairview Pk. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30635

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 750

FULL NAME OF CHILD FRANCIS LEROY X DONOVAN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	April 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. R. Donovan	FULL MAIDEN NAME	Carrie Etta Lamberson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Delver City, N.J.	BIRTHPLACE	Monrovia, Kas
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.
(Physician or midwife)

Address Pocatello, Idaho

Filed Apr 30, 1915 [signature] Registrar

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1973

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 28 1952

816-117-003-394

PLACE OF BIRTH

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30636

County of Bannock

City of Hawkins

Registration District No. 84

File No. 16

No. ..... St.

Primary Registration District No. 3161

Registered No. 751

Hospital home

FULL NAME OF CHILD Joseph Kenneth Hawkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) April (Day) 17 (Year) 1915
Mail			

FATHER		MOTHER	
FULL NAME	Carl ~~Allen C.~~ Hawkins	FULL MAIDEN NAME	Emma A. Crump ~~Hawkins~~
RESIDENCE	Hawkins Ida	RESIDENCE	Hawkins Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ipinona Mo	BIRTHPLACE	Meadow Utah
OCCUPATION	farmer	OCCUPATION	farmer wife

Number of child of this mother, including present birth ~~[illegible]~~ 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Armont

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Ida

Filed May 1, 1915 O B Steele Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 25, 1941. E.W.

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
30032
PLACE OF BIRTH

555-117-003-913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1143 N. Main St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. B. No. [illegible]

30637

Registration District No. 84 File No. 16

Primary Registration District No. X2161 Registered No. 752

FULL NAME OF CHILD John Thomas Eversole

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Apr. 17th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. Jacob Eversole	FULL MAIDEN NAME	Sarah Willmetta Ralston
RESIDENCE	1143 N. Main Pocatello - Ida	RESIDENCE	Pocatello - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Peabody - Kansas	BIRTHPLACE	Springdale - Ark.
OCCUPATION	Boiler maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 20 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Kane Bldg - Pocatello - Ida

Filed May 1 c 1915 O B Steele

Registrar

Registrar

8-Y CO. 20174

MAY 18 1942

JAN 5 1944

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 854 No. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30638

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 753

FULL NAME OF CHILD Lambert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) – 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lee Lambert	FULL MAIDEN NAME	Nellie Bennett
RESIDENCE	854 No. Hayes	RESIDENCE	854 No. Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Utah
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:15 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Sprague

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Kane Bldg Pocatello Ida

Filed May 1, 1915 O B Leeds
Registrar

Registrar

S-Y CO. 24088

...RGIN RESERVED FOR BINDING

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuPOO 1915-306324

294 003-665

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30639

OF BIRTH

Co Bannock

Pocatello

5 N. Garfield St.

pital

Registration District No. 84 ~~2~~ File No. 16

Primary Registration District No. 2X161 Registered No. 754

NAME OF CHILD William Henry Brumble

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert David Brumble	FULL MAIDEN NAME	Amy Eliza Owens
RESIDENCE	455 N. Garfield Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wynona No. Dakota	BIRTHPLACE	Smithfield Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth First? Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 1 50 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Kane Bldg. Pocatello Ida

Filed May 1, 1915 O. B. [illegible]
Registrar

Registrar

S-Y CO. 20174

MARGIN ... ING
WRITE PLAINLY, WI... ING
N. B. In case of more than ... ANENT RECORD
... the number

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

MAY 21 1968

231 - 211 - 003 - 793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 529 N. 5th St.

Hospital

Registration District No. 84 File No. 13040

Primary Registration District No. 2761 Registered No. 755

FULL NAME OF CHILD Blanche Klameski

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) — and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr — 19 — 191 5

FATHER		MOTHER	
FULL NAME	Louis J. Klameski	FULL MAIDEN NAME	Mary Ellen Gilchrist
RESIDENCE	Pocatello - Ida	RESIDENCE	Pocatello - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	St Petersburg - Russia	BIRTHPLACE	Park City - Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Kane Bldg - Pocatello - Ida

Given names added from a supplemental report

.....19.....

Filed May 14 1915

.....
Registrar

8-Y CO. 20174

.....
* Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

656-121-003-815

Form V . No. 11 C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30641

County of Bannock

City of Pocatello

No. 426 So 3d *St.*

Hospital

Registration District No. 84 **File No.** 16

Primary Registration District No. 2X161 **Registered No.** 756

FULL NAME OF CHILD George (Judd) Donald ~~xxxxxxxxxxxx~~ Fewens

Sex of Child Male	**Twin Triplet or other?** ✓ **and** **Number in order of birth** ✓ (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** April (Month) 21 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	George W. Fewens	**FULL MAIDEN NAME**	Daisy Hansen
RESIDENCE	Pocatello, Idaho	**RESIDENCE**	Pocatello, Idaho
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	21 (Years)	**AGE AT LAST BIRTHDAY**	20 (Years)
BIRTHPLACE	Salt Lake, Utah	**BIRTHPLACE**	St. Charles, Utah
OCCUPATION	Car Inspector.	**OCCUPATION**	H. Wife

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 7 35 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Pocatello, Idaho

Filed May 1, 1915 O B Smith *Registrar*

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI

CERTIFICATE OF BIRTH

OF BIRTH

323-222-003-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30642

County of Bannock

City of Pocatello

No. 1106 E. Center St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 758

FULL NAME OF CHILD Sallie R. Tschudy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert L. Tschudy	FULL MAIDEN NAME	Ray Buckingham
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penna	BIRTHPLACE	Colorado
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kane Bldg. Pocatello Ida

Filed May 10, 1915 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 18 1944

437-222-003-217

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 328 No. 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 30643

Primary Registration District No. 2161 Registered No. 457

FULL NAME OF CHILD Elaine Matilda McGee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	4 22 1915

FATHER		MOTHER	
FULL NAME	Robert B. McGee	FULL MAIDEN NAME	Matilda Boggeson
RESIDENCE	Pocatello Idaho.	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Colorado
OCCUPATION	Switchman	OCCUPATION	Housework.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) G. W. Roberts

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Apr 30 1915 O. P. Lucas
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 10 1949

433-129-003-419

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30644

County of Bannock

City of Pocatello

Registration District No. 84 File No. 16

No. 253 So 4th St.

Primary Registration District No. 2161 Registered No. 760

Hospital John

FULL NAME OF CHILD Orville McCall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	April 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Norris McCall	FULL MAIDEN NAME	Rosa Mae Marshall
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Red Cloud, Nebr	BIRTHPLACE	Bozeman Mont
OCCUPATION	Meat	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Marcout
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed May 19, 1915 O B Dietz
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
JUL 3 1947
JUL 12 1971

597-125-003-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30645

County of Bannock

City of Pocatello

No. 155 N. Arthur St.

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 759

Hospital

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 25, 1915

FATHER	MOTHER
FULL NAME Louis Vigno	FULL MAIDEN NAME Helen Valoska
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Russian Poland	BIRTHPLACE Italy
OCCUPATION Laborer O.S.L.R.R. Shops	OCCUPATION At Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 1, 1915

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1706-229-003-294

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30646

City of Pocatello

No. Fairview Add St.

Registration District No. 84 File No. 16

Primary Registration District No. X2161 Registered No. 761

Hospital

FULL NAME OF CHILD Lillian May Poole

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	April 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd A. Poole	FULL MAIDEN NAME	Charlotte Krueckemeyer
RESIDENCE	Fairview Add Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ft Wayne Indiana	BIRTHPLACE	Centralia Ill
OCCUPATION	Machinist	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 3.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard MD

(Physician or ~~midwife~~)

Given names added from a supplemental report

[illegible] Kane Bldg Pocatello Idaho

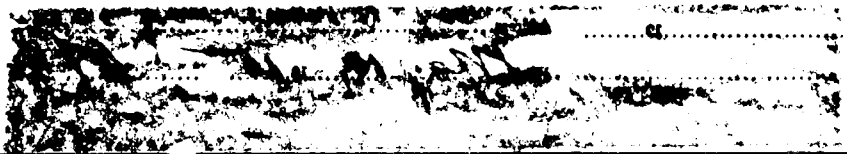
[illegible]

Registrar

S-Y CO. 20174

K

JAN 3 0 1975



369-204-003-815

Amended 8/11/78

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible]. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

30647

County of Bannock

City of Pocatello

No. 424 N. 12th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 762

FULL NAME OF CHILD Zola Cornia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		yes	Apr. 4 1915

FATHER		MOTHER	
FULL NAME	Daniel C. Cornia	FULL MAIDEN NAME	Martha Hansen
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Woodruff Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

19

Registrar

Filed Apr 15, 1915 O B Seely Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
JUL 3 2 12 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 39547

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cornia (Name on Original Certificate) who was born (Was Born or Died) on 4/4/15 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by attached declaration (Bible Record, Insurance Policy, Etc.) prepared on August 12, 1977 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Cornia	Zola Cornia

Subscribed and sworn to before me this 12th day of August, 19 77

Notary Public, residing at 760 Richland Road, Yuba City, CA.
My commission expires 3-29-80
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Zola Cornia
(Signature of Any Credible Person)

1111-11 at Marysville Park
(Street Address, City, State)

FORM DH 60-155

Family group record for Daniel Carter Cornia, Jr and Martha Christina Hanson listed as 2nd child named Zola Cornia born April 4, 1915 in Pocatello, Idaho. viewed by V. S.

AUG 1 1 1978

record from LDS Blessing book gives name as Zola Cornia born Apri 4, 1915 at Pocatelo, Blessed May 2, 1915. viewed by V. S.

315-108-00J-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30648

County of Bannock

City of Pocatello

No. 681 N. 4th St.

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 763

Hospital

FULL NAME OF CHILD Charles Anderson Lankford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Lankford	FULL MAIDEN NAME	Sarah E. Wright
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	St Joe Mo.	BIRTHPLACE	Richmond Mo.
OCCUPATION	Miner.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Sisley

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Apr 15, 1915 O B Sisley

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri
County of Buchanan } ss.

Certificate No. (#) 30648

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lankford (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1915 (Date of Event)
in Pocatello, Bannock Co., Idaho (Place of Event) are erroneous or were omitted: and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Oct. 4, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lankford	Charles Anderson Lankford

Subscribed and sworn to before me this 18th day of June, 1945

Otto A. Imbersteg
Notary Public, residing at St. Joseph, Mo.

My commission expires Feb. 20, 1946

(Seal) Otto A. Imbersteg

Signed Elsabell Lankford (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

409 So. 16th, St. Joseph, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri
County of Buchanan } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of June, 1945

Otto A. Imbersteg
Notary Public, residing at St. Joseph, Mo.

My commission expires Feb. 20, 1946

(Seal)

Signed Mrs. Sallie M. Phenix
(Signature of Any Credible Person)

508 Kemper St.,
(Street Address, City, State)

St. Joseph, Mo.

FEB 15 1973

JUN 25 1945

814-113-003-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30649

County of Bannock

City of Pocatello.

No. 744 So. 2nd St.

Hospital

Registration District No. 84

Primary Registration District No. 216

File No. 16

Registered No. 764

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ether R. Hadley	FULL MAIDEN NAME	Mary L. Carson
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Clifton Idaho.
OCCUPATION	Foreman R. R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Apr 15, 1915 O B Steely

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1914-78531

791-116-003-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30650

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 765

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter J. Grandy	FULL MAIDEN NAME	Amelia Chalmers
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Almy. Wyo.	BIRTHPLACE	England.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed May 1, 1915 O B Steely

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-222-003-419

PLACE OF BIRTH Amended 10/27/77

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30651

County of Bannock

City of Pocatello.

No. 451 E. Lewis

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 21/61 Registered No. 766

FULL NAME OF CHILD Sybil LaRue Mathews

Sex of Child Fem

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George L. Mathews.	FULL MAIDEN NAME	Deseret Marley
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Myrum Utah.	BIRTHPLACE	Robin Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Steele

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed May 1, 1915 J B Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30651

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mathews (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on Aug. 11, 1977 May 2, 1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Sybil LaRue Mathews
date of birth	April 22, 1915	March 22, 1915

Subscribed and sworn to before me this 4th day of August, 1977

Notary Public, residing at Salt Lake City, Utah
My commission expires 5/12/79
(Seal)

Signed Lora Mathews Johnson sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

498 So. 1700 West - Cedar City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Iron }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1977

Notary Public, residing at Cedar City, Utah
My commission expires 5/12/79
(Seal)

Signed Blaine L. Johnson
(Signature of Any Credible Person)

498 So. 1700 W. Cedar City, Utah
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 6-13-77 (M) fc

Church record from LDS Church, Ukiah Ward, Ukiah California gives names as Sybil LeRue Mathews Cluff born March 22, 1915 in Pocatello, Idaho. father's name as George Lester Mathews and mother;s name as Deseret Marley. husban'd nameas Alma Fleming Cluff. Blessed May 2, 1915 and Baptized Jan 6 1924. viewed by V. S.

OCT 27 1977

Appplication to Educators Life Insurnace Co. of America gives name as Sybil M. Cluff born March 21, 1918 in Idaho. dated Feb 23, 1967. viewed by V. S.

515-[illegible]-767

Form V. S. No. 11-C—[illegible]

30652

PLACE OF BIRTH

County of Bannock

City of Pocatello.

No. 727 N. Gar. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Date of birth amended 08-28-07 ns

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 767

FULL NAME OF CHILD Stuart H. Van Dyke.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 24, 1915

FATHER		MOTHER	
FULL NAME	Irvin C. Van Dyke	FULL MAIDEN NAME	Sara E. Hope.
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mifflin Co. Penn	BIRTHPLACE	Chester Co. Penn.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Sisley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed May 11 1915 O B Sisley Registrar

Registrar

S-Y CO. 0174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1945

1942

MAR 8 1944

RECEIVED

AUG 23 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 15-30652

Date Filed May 11, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Stuart H. Van Dyke (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 24, 1915 (Date of Event)

in Pocatello (Bannock Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's date of birth	April 24, 1915	March ~~15~~ 24, 1915

Subscribed and sworn to before me this 21 day of August 2007

Notary Public, [signature]

Residing at Sarasota FL

My commission expires June 4, 2010 (Seal)

[signature]
Signature of Applicant

3140 Clean Blvd Sarasota FL 34243
Street Address, City, State and Zip

PRISCILLA MATA
Notary Public, State of Florida
Commission# DD 559912
My comm expires June 4, 2010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐) _____

(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

08-16-07

CIVIL CERVANT ID FOR STUART H. VAN DYKE DATED 06-14045 SHOWING DOB AS 03-24-15
VIEWED BY VS

US PASSPORT FOR STUART HOPE VAN DYKE BORN 03-24-15 ISSUED 08-15-74 VIEWED BY VS

621 - 118-003-862

PLACE OF BIRTH

[redacted]

STATE OF
BUREAU OF VITA

CERTIFICATE OF BIRTH

30653

County of Bannock

City of 1½ Miles No of

No. Pocatello St.

Hospital home

Registration District No. 84 File No. 15

Primary Registration District No. 2461 Registered No. 726

FULL NAME OF CHILD Paul Takeyoshi Okamura

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			Yes	Mar. (Month) 18 (Day) 1915 (Year)

FATHER

FULL NAME Kameji Okamura

RESIDENCE 1½ Miles N. of Pocatello

COLOR Brown AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Japan

OCCUPATION Gardening

MOTHER

FULL MAIDEN NAME Miyoshi Yokota

RESIDENCE 1½ Miles N. of Pocatello

COLOR Brown AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Japan

OCCUPATION Housekeeping

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/18/41

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Filed Apr 15 1919 [illegible] Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DEC 18 1941

MAY 9 1955

792-218-003-231

Form V. S. No. 11[illegible]—[illegible]-1-1-13

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 121 So. Hayes St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 30654

Primary Registration District No. 2161 Registered No. 725

FULL NAME OF CHILD Ilene Gibbs X

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar. (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Myron Levi Gibbs	FULL MAIDEN NAME	Sarah Levina Harris
RESIDENCE	121 So. Hayes	RESIDENCE	121 So. Hayes
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Portage, Utah	BIRTHPLACE	Woodruff, Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed Apr 15, 1915 O. F. Seely Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
STATISTICS

MAR 24 1969

133-110-003-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 30655

County of Bannock

City of Pocatello

No. N. Pocatello ~~St.~~

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 724

Hospital

FULL NAME OF CHILD Clarence Frank Allen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Mar (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willis W. Allen	FULL MAIDEN NAME	Mary Ellen Goins
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Danbury, Nebr	BIRTHPLACE	Ashville N.C.
OCCUPATION	Repair Man	OCCUPATION	H Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Apr 15, 1915 O B Sing Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1962
SEP 13 1963

177-107-003-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 115 W. Gould St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30657

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 722

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	March 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Joseph Appling	FULL MAIDEN NAME	Bessie Marion Weidner
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Salem, So. Dak	BIRTHPLACE	Labanon, Mo.
OCCUPATION	Machinist	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Apr 15, 1915 J B Sisley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-206-003-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Inkom

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30658

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 721

FULL NAME OF CHILD ISABEL SCADDEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar. 6, 1915

FATHER		MOTHER	
FULL NAME	John Alexander Scadden	FULL MAIDEN NAME	Violet Celestia Crow
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New Zealand	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

(Physician or Midwife)

Address Inkom,

Given names added from a supplemental report

....., 19..

Filed Apr 15 1915 [illegible] Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 30658

State of Idaho } ss.
County of Bannock }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Isabel Scadden

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) was born on (DATE OF EVENT) March 6, 1914

in (PLACE OF EVENT) Arbon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) Birth record prepared on (GIVE DATE) March 10, 1915, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Isabel Scadden
Record Shows Not correct birth date as 3-6-1914 and shows not		
entered as 3-6-1914 as shown above		

Subscribed and sworn to before me this 8th day of March, 19 15

Notary Public, residing at Franklin Co. Idaho

My commission expires Oct 4, 1915

(SEAL)

Signed Ida Scadden (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 15 1542

689-103-003-692

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30659

County of Bannock

City of Pocatello

No. 632 E. Lewis St.

Hospital ✓

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 720

FULL NAME OF CHILD JOHN M. WHITE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Mch. 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Rigdon White	FULL MAIDEN NAME	Mamie Jane Fiscus
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard, M.D., F.A.C.S.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Apr 15, 1915 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 16 19

466 - 234 - 003 - 391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30660

County of Bannock

City of Pocatello

No. 1209 N Arthur St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 719

FULL NAME OF CHILD Not Named X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arza Nelson Woodbury	Rose Craig
RESIDENCE	Pocatello, Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	So Logan Utah	Logan Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Apr 12, 1915 O. P. Keeley
Registrar

8-Y CO. 20174

213-122-003-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30661

County of Bannock

City of Pocatello

No. 834 N. Garfield St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 730

Hospital

FULL NAME OF CHILD Virgil Clark Baldwin Jr.

Sex of Child: Male

Twin or Triplet or other? T and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Mar 27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Clark Baldwin	FULL MAIDEN NAME	Ruth Leona Baldwin
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Fillmore, Utah	BIRTHPLACE	Pleasant Hill, Mo
OCCUPATION	R.R. Shopman	OCCUPATION	At Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 a.m. on the date above stated.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello, Idaho

Filed Apr 15, 1915 O F Beck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

395-121-003-442

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 30662

County of Bannock

City of Pocatello

No. North Pocatello St.

Hospital —

Registration District No. 84 File No. 15

Primary Registration District No. 161 Registered No. 729

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 21 1915

FATHER		MOTHER	
FULL NAME	W. D. Crew	FULL MAIDEN NAME	Sadie Duke
RESIDENCE	North Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Texas	BIRTHPLACE	Alabama
OCCUPATION	Father	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis A Poole M.D.

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Apr 15, 1915

O P Steele
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CREW

DUP 8 1915-261535

285-179-003-651

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30663

County of Bannock

City of Pocatello

No. 935 N. Main St.

Hospital

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 728

FULL NAME OF CHILD GLEN JEARD Shellenberger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Mch. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis D. Shellenberger	FULL MAIDEN NAME	Orley Weatherman
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Dakota Ill.	BIRTHPLACE	Albion, Ida.
OCCUPATION	Chainman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D., F.A.C.S.

(Physician ~~or midwife~~)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed Apr 19, 1915 O. B. Sinclair

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Washington }

Certificate No. 30663

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Glen Geard Shellenberger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 19, 1915 (DATE OF EVENT)
in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 15, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Shellenberger	Glen Jeard Shellenberger

Subscribed and sworn to before me this 2nd
day of Feby, 19 42

Notary Public, residing at Beaverton, Oregon
My commission expires Oct 2-1943
(SEAL)

Signed Lewis D Shellenberger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R 1 Beaverton Ore
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of Feby, 19 42

Notary Public, residing at Beaverton Oregon
My commission expires Oct 2-1943
(SEAL)

Signed John D. Felsher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #1 Box 291 Beaverton Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

613 - 218-003-855

Amended May 5, 1964

(Be sure the information is complete and accurate)

State File No. 30064

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Adrienne b. (Middle): c. (Last): Walker

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 18, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): Lorin b. (Middle): L. c. (Last): Walker

8. COLOR OR RACE: W

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Vera b. (Middle): May c. (Last): Hendricks

13. COLOR OR RACE: W

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Martha M. Scadden

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify) Midwife

18c. ADDRESS: Inkom, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 15, 1915

20. REGISTRAR'S SIGNATURE: O. R. Steely

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Mother's Name as Vera M. Hendricks

Certificate of Blessing, L.D.S.Church, Inkom, Idaho gives/name as Adrienne Walker born March 18, 1915 at Inkom, Idaho. Blessed May 2, 1915. viewed by V.S.

Own child's birth certificate on file Idaho #269042 gives name as Adrienne Walker.

A F F I D A V I T

copy of L.D.S.Church record signed by Bishop Leland B. Dial gives name as Adrienne Worth born March 18, 1915 at Inkom, Idaho. Baptized June 10,1923. Viewed by V.S. Name of Father L. L. Walker and Mother Vera M. Hendricks.

STATE OF IDAHO)
) ss.
County of Bannock)

VERA MAY HENDRICKS DAMRON, being first duly sworn, deposes and says:

I am the mother of Adrienne Walker who was born March 18, 1915 at Inkom, Idaho. The name of the natural father is Lorin Lyman Walker, occupation - farmer, age 32. This was the third child of Affiant and Lorin Lyman Walker; that the birth certificate of such child showed incorrectly to be Addie May, but that the correct name for such child is Adrienne and that Addie May Walker and Adrienne Walker are one and the same person.

This Affidavit is made for the purpose of securing a corrected birth certificate for this child.

IN WITNESS WHEREOF, I have hereunto set my signature this 17th day of April, 1964.

Vera May Hendricks Damron

SUBSCRIBED AND SWORN to before me this 17th day of April, 1964.

Merrill R. Lee
Notary Public for Idaho
Residence: Pocatello, Idaho

(SEAL)

395-222-003-123

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30665

County of Bannock

City of Bancroft

Registration District No. 84 File No. 15

No. ..... St.

Primary Registration District No. 2161 Registered No. 731

Hospital .....

FULL NAME OF CHILD Eva Pearl Crees X

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Mar 22 1915

FATHER		MOTHER	
FULL NAME	Reed Crees	FULL MAIDEN NAME	Laura Aston
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed Apr 2, 1915 O B Deedy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF UTAH
BUREAU OF VITAL ST

CERTIFICATE OF BI

107

613-127-003-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 525 N. 5th St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30666

Registration District No. 84 File No. 15

Primary Registration District No. 21X61 Registered No. 732

FULL NAME OF CHILD HENRY Vittorio Falsetti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mike Falsetti	FULL MAIDEN NAME	Antonia Belloma
RESIDENCE	525 N. 5th Ave.	RESIDENCE	525 N. 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth seven Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed Apr 15, 1915 O B Fuller
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 30666
Date Filed Nov. 11

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Henry Vittorio Falsetti (Name on original certificate) who born (Was born or died) on Mar. 17 - 1915 (Date of event)
in Pocatello (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Enrico Vittorio (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Henry Vittorio Falsetti	Enrico Vittorio Falsetti
Henry is English for Enrico Italian		

Subscribed and sworn to before me this 11th
day of November, 1941
Louise Benetti
Notary Public, residing at 1025 - 36th ave Oak.
My commission expires Apt. 1942
[SEAL]

Signed: Mike Falsetti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3416 - Elmwood ave Oak.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of November, 1941
Louise Benetti
Notary Public, residing at 1025 - 36th ave Oak.
My commission expires Sept. 1942
[SEAL]

Signed: Maurice Levin
(Signature of any credible person other than the previous affiant.)
3433 - Elmwood ave
(Street Address, City, State) Oak.

1941

Received for filing on ..... By .....
(Registrar's signature)

NO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 19 1942 Certificate No. 30666
County of Fresno } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Enrico Vittorio Falsetti (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar 27th 1915 (DATE OF EVENT)
in Pocatello Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by original birth cert. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 18 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Enrico	Henry Vittorio Falsetti
Parent's birthplaces	Japan	Italy

Subscribed and sworn to before me this 14th day of January, 19 42

T. E. Prior
Deputy County Clk
Notary Public, residing at Fresno
My commission expires
(SEAL)

Signed Henry Vittorio Falsetti
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 19 42

T. E. Prior
Deputy County Clk
Notary Public, residing at Fresno
My commission expires
(SEAL)

Signed L Ragonese
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By
(REGISTRAR'S SIGNATURE)

JAN 2 0 1942

236-231-003-853

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Inkom

No. Farm St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30667

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 733

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	March 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ord. E. Scott	FULL MAIDEN NAME	Sallie Heller
RESIDENCE	P. Inkom, Idaho	RESIDENCE	Inkom, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Woods Station, Ohio	BIRTHPLACE	Farmer City, Ill
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12/25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Apr 15 1915 O. B. [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 363690

256-131-003-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30668

County of Bannock

City of Pocatello

No. 1220 N. Garfield St.

Registration District No. 84 File No. 15

Primary Registration District No. 2161 Registered No. 735

Hospital

FULL NAME OF CHILD William Maxwell Knorr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch. 31 1915

FATHER		MOTHER	
FULL NAME	Claude C. Knorr	FULL MAIDEN NAME	Nellie Bonner
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
[illegible]	[illegible]	COLOR	[illegible] AGE AT LAST BIRTHDAY [illegible]
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address

Filed Apr 13, 1915 O B Steely Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

COLOR	
BIRTHPLACE	
OCCUPATION	
BIRTHPLACE	
OCCUPATION	

251-131-003-255

Amended 10-5-62

(Be sure the information is complete and accurate)

State File No. 30669
Local Reg. No. 734
Reg. Dist. No. 84

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 1247 N. Main St.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Kenneth
b. (Middle): Howard
c. (Last): Beard

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 31, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Otto
b. (Middle): Marion
c. (Last): Beard

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Lowell, Ark.

11a. USUAL OCCUPATION: Bailer Maker

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rose
b. (Middle): Ellen
c. (Last): Kendrick

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Springdale, Ark.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. A. Castle

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Pocatello, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Apr. 15, 1915

20. REGISTRAR'S SIGNATURE: O.B. Steely

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred is responsible for correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 30669

County of San Joaquin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Beard (male child) (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy Paul Revere Equitable Life (Bible Record, Insurance Policy, Etc.) prepared on 1937 - 1950 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kenneth Howard Beard
Full Maiden Name of Mother	Rose Helen Kendrick	Rose Ellen Kendrick

Subscribed and sworn to before me this 30th day of August, 1962

Betty J. McPike Betty J. McPike

Notary Public, residing at 1902 Pacific Ave.

My commission expires 11/8/65

(Seal)

Signed Otto M Beard

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

39 N. California Street

(Street Address, City, State)

Stockton, California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of San Joaquin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of September, 1962

[illegible]

Notary Public, residing at Stockton California

My commission expires November 16, 1962

(Seal)

Signed Cecil L. Myers

(Signature of Any Credible Person)

6425 N. Pershing Stockton 7, Calif.

(Street Address, City, State)

FORM DH 60-155 CL 8-22-62. one copy pd. rec. #15505.

Another Child's Birth Cert. on file: (Idaho Birth) #4[illegible]77 gives full name of mother as Rose Ellen Kendrick - viewed by V.S.

The Equitable Life Assurance Co. Policy, date of issue June 13, 1955, No. AH014, 771, 616 - gives full name as Kenneth Howard Beard, born March 31, 1915 in Idaho - viewed by V.S.

Social Security Card, dated 5-11-37; #566-16-6359 gives full name as Kenneth Howard Beard - viewed by V.S.

666-[redacted] 025-253
122
025
253

PL[redacted]TH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

30671

County of Idaho

City of Woodland

Registration District No. 106 File No.

No. , St.

Primary Registration District No. 2184 Registered No. 25

Hospital

FULL NAME OF CHILD Monroe Jason Wood

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	6	yes	5 29 191[illegible]

FATHER		MOTHER	
FULL NAME	Ernest Wood	FULL MAIDEN NAME	Laura Kellum
RESIDENCE	Woodland	RESIDENCE	Woodland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George
Midwife
(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Woodland - Idaho

Filed June 10 1915 J.M. Verbeckmoes
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

154-228-025-472

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Stites

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30672

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 24

FULL NAME OF CHILD Vilma Iona Anderson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female	one			yes	5 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas M. Anderson	FULL MAIDEN NAME	Irene M Upson
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed June 10 1915 J.M. Verbeekmoes Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

713-218-025-958

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. 30673

Primary Registration District No. 2184

Registered No. 23

FULL NAME OF CHILD Verna Oakley Packer

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 18 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Manley Packer	FULL MAIDEN NAME	Matilda Reynolds
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 15 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkenoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed June 10 1916 J. M. Verberkenoes Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1972

MAR 2 1943

Amended 12-23-

Form V. S. No. 11-C—20m-1-1-19

141-318-025-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

Registration District No. 106 File No. 30674

No. ____ St.

Primary Registration District No. 2184 Registered No. 22

Hospital ____

FULL NAME OF CHILD Minnie Evelyn Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 18 1915

FATHER		MOTHER	
FULL NAME	Jesse Adams	FULL MAIDEN NAME	Christine Johnson
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report. ____ 19____

Filed June 10 1915 J. M. Verbeck M.D. Registrar

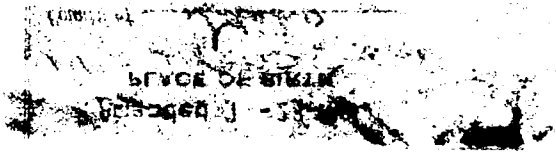
____ Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 19 1969
Bureau of Vital Statistics

Province of Alberta
Canada
County of Newell } ss.

Certificate No. 30674

Date Filed December 26, 1968

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ethelina May Adams (Name on Original Certificate) who born (Was Born or Died) on May 18, 1915 (Date of Event)
in Clearwater (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 18 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Ethelina May Adams	Evelyn Minnie Evelyne Adams
Birthdate	May 18, 1915	April 18, 1915

Subscribed and sworn to before me this 26 day of December, 19 68

Notary Public, residing at Bassano Alberta, Canada
My commission expires December 31, 1971
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bassano, Alberta, Canada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Province of Alberta
State of Canada
County of Newell } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of December, 19 68

Notary Public, residing at Bassano, Alberta, Canada
My commission expires December 31, 1971
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Bassano, Alberta, Canada
(Street Address, City, State)

FORM DPH 55-155

L 7-18-57 1 copy paid

Family Record gives name as Minnie Evelyn Adams born April 18, 1915. Parents Name Jesse Adams and Christine Adams. Minnie married Jack Brundrit in April. Viewed by V. S.

DEC 23 1970

Life Insurance Policy with The Prudential Insurance Company of America gives name as Minnie E. Brundrit. Born 4/15/15. Viewed by V. S.

Record issued by the Dominion Bureau of Statistics, Census Division at Ottawa, Canada gives name as Minnie Evelyn Brundrit . Date of birth at time of registration was given as April 18, 1915 and birthplace as Clearwater, Idaho. Age at time of registration - 25 years - August 20, 1940. (Maiden name - Adams) Viewed by V.S.

459-217-025-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30675

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 21

FULL NAME OF CHILD Annie Meisner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Meisner	FULL MAIDEN NAME	Mary Seng
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Meisner
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kooskia - Idaho

Filed June 10 1915 J. M. Verbeekmoes
Registrar

5-Y CO. 24855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1946

845-122
040-255 [redacted] Amended 11/3/78

Form V. S. No. 11-C—25m-1-1-13

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Sho[redacted]

City of Sunset

No. — St.

Hospital —

Registration District No. 122

File No. 30676

Primary Registration District No. 2200

Registered No. 56

FULL NAME OF CHILD Donald R. Hunt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	2nd	Yes	May 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hunt	FULL MAIDEN NAME	May Bentley
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Washington
OCCUPATION	Miner & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

19

Address Wallace, Ida

Filed 5/30 1915 H. C. Mowery Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 3 40 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30676

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Edward Hunt (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1915 (Date of Event) in Sunset, Idaho (Shoshone) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Edward Hunt	Donald Richard Hunt

Subscribed and sworn to before me this 26 day of September, 1978

Gary P. Barker

Notary Public, residing at Pinehurst, Id

My commission expires Life

(Seal)

Signed X Georgia M. Parsons

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

421 First, Pinehurst, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 1978

Alexis Gibbs

Notary Public, residing at Kellogg, Idaho

My commission expires March 1981

(Seal)

Signed Elsie Chaney

(Signature of Any Credible Person)

111 W. Main Smelterville

(Street Address, City, State) Id 83868

FORM DH 60-153

CL 9/13/78

Teacher's Term Report of the Public schoo in Kingston Dist, No. county N of Shoshone, for Sept 4 1922 to May 11, 1923. gives child's name as Donald Hunt. age 7. viewed by V. S.

NOV 3 1978

Insurance receopt book from Metropolitan Life Ins. gives name as Donald R. Hunt dated Nov 1, 1929. viewed by V. S.

691-122-040-254

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Burke

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 30677

Primary Registration District No. 2201 Registered No. 26

FULL NAME OF CHILD FRANK H. FRANKS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.	one	1st	yes	May 22 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Angelo Frank	Virginia Lenck
RESIDENCE	Burke Idaho	Burke Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	31 (Years)	25 (Years)
BIRTHPLACE	Italy	Germany
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Mowry

Physician (Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 20 1915 J. F. Mowry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 30677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Angelo Jr. (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 23, 1915 (DATE OF EVENT)
in Burke Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on in year of 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
	ANGELO JR. FRANK	FRANK H. FRANKS.
na me	none given- Angelo Jr.	
mother's maiden name	Virginia Seuck	

Subscribed and sworn to before me this 28th
day of April, 1942.

Notary Public, residing at Burke Idaho

My commission expires Nov. 9, 1942.
(SEAL)

Signed Angelo F Franks
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of April, 1942.

Notary Public, residing at Burke Idaho

My commission expires Nov. 9, 1942
(SEAL)

Signed Walter Mowery
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Walter Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By
(REGISTRAR'S SIGNATURE)

MAY 4 1942

.253-121-240-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Osborne

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30678

Registration District No. 122 File No. .....

Primary Registration District No. 2202 Registered No. 54

FULL NAME OF CHILD CHARLES Lawrence Kelly

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one (To be answered only in event of plural births)	2d	yes	May 21 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sam Kelly	FULL MAIDEN NAME	Grace Trowbridge
RESIDENCE	Osborne Ida	RESIDENCE	Osborne Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/27 1915 W. O. Mowry Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 30678

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lawrence	Charles Lawrence Kelly
Charles		

Subscribed and sworn to before me this 8
day of August, 1942

Geo. H. Parker
Notary Public, residing at Dalton Idaho

My commission expires June 16-1943
(Seal)

Signed Mrs. Grace Kelly (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-119-040-791

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of [redacted]ace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30679

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 53

FULL NAME OF CHILD Eugenio Lippa

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one	5th		May 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nick Lippa	FULL MAIDEN NAME	Eleanora Giacometti
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Mowery

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace, Ida

Filed 5/25 1915 H. Mowery

..... Registrar

Registrar

S-Y CO. 24655

295-117-040-995-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 132 File No. 30680

Primary Registration District No. 2210 Registered No. 52

FULL NAME OF CHILD William Andrew King

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	One	and	Yes	May 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William King	FULL MAIDEN NAME	May Irving
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Col.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke Idaho

Filed May 25 1915 H. Mowery Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-117-040-143

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30681

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 57

FULL NAME OF CHILD JOHN Henry Pearson

Sex of Child M	Twin Triplet or other? one and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME JOHN	Sunnet Pearson	FULL MAIDEN NAME	Christina Julander
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)	COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Ida

Filed May 25 1915 H Mowery Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1945

113-212-040-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 30682

Primary Registration District No. 2203 Registered No. 50

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 12 1915

FATHER		MOTHER	
FULL NAME	Dominick Jacino	FULL MAIDEN NAME	Mary Jacino
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brannan

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 21 1915 H. O. Mowry

Registrar

8-Y CO. 20174

195-112-040-766

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30683

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. — St.

Primary Registration District No. 2200 Registered No. 49

Hospital —

FULL NAME OF CHILD Charles Arnhold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1		4th	Yes	May 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Arnhold	FULL MAIDEN NAME	Edna Powers
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Minnesota
OCCUPATION	Foundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dss Mowery
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida

19

Filed May 20 1915 H C Mowery
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25

593-110-040-883

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 30684

Primary Registration District No. 2208 Registered No. 48

FULL NAME OF CHILD Wm. Carl Eicher

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	1st	Yes	May 10 1915

	FATHER	MOTHER
FULL NAME	William Eicher	Isabel Richardson
RESIDENCE	Wallace	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	22 (Years)	18 (Years)
BIRTHPLACE	Washington	Michigan
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace, Ida

Filed May 15 1915 H. C. Mowry

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24688

JUN 2 9 1973

AUG 8 1956

713-106-040-593

Form V. S. No. H-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of [redacted]ke

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 30685

Primary Registration District No. 2200 Registered No. 47

FULL NAME OF CHILD albino Jr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	3rd	yes	May 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albino Galliano	FULL MAIDEN NAME	Irena Nicol
RESIDENCE	Burke Ida	RESIDENCE	Burke, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace, Ida.

Filed May 10 1915 H. P. Mowery Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

892-102-018-452

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No ....., ... St.

Hospital .....

Registration District No. 90 File No. 30686

Primary Registration District No. 2168 Registered No. 22

FULL NAME OF CHILD Emil Hibben, Jr.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 2, 1915

FATHER		MOTHER	
FULL NAME	Emil Hibben	FULL MAIDEN NAME	Sylvia DeBock
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly

Physician (Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed May 3 1915 J. McFairly Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

395-207-018-41

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 30687

Primary Registration District No. 2168 Registered No. 23

FULL NAME OF CHILD Ida Rachel Lindsay

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X		X	Yes	5/7, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis W. Lindsay	FULL MAIDEN NAME	Alice C. Mason
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Horswell

Orofino Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 1 1915 J. McFarlay

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

266-117-018-261

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Fraser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 30688

Primary Registration District No. 2168 Registered No. 24

FULL NAME OF CHILD X Floyd Ellis Bowdish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X Male		X Yes	X May (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	X Ebbe Wing Bowdish	FULL MAIDEN NAME	X Ruth M. Swann
RESIDENCE	X Fraser	RESIDENCE	X Fraser
COLOR	X White	COLOR	X White
AGE AT LAST BIRTHDAY	X 29 (Years)	AGE AT LAST BIRTHDAY	X 31 (Years)
BIRTHPLACE	X Waubeek, Iowa	BIRTHPLACE	X Central City, Iowa
OCCUPATION	X Rancher	OCCUPATION	X Housekeeper

Number of child of this mother, including present birth X 3 Number of children of this mother now living, including present birth X 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X born alive (Born alive or stillborn) at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Ebbe W. Bowdish

X Father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Fraser Idaho

Filed June 1 1915 J. McFairly Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—N. 4-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 18 1943

298-118-018-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 30689

Primary Registration District No. 2168 Registered No. 25

FULL NAME OF CHILD John Arlie Bryant

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 18, 1915

FATHER		MOTHER	
FULL NAME	J. M. Bryant	FULL MAIDEN NAME	Lavina Fearns
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 19 1915 J. M. Fairly Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLAT OF SURVEY

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

STATE OF IDAHO

CERTIFICATE OF FILING

30639

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
) SS.
COUNTY OF Orofino)

AFFIDAVITS FOR CORRECTION OF A RECORD

20639

Mrs. Lavina Bryant of Orofino

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree
of John Arlie Bryant
if friend or otherwise, so state)

who was born in the city of Orofino, County of Clearwater
(was born, died)

on the 13th day of June, 1915, as stated in a certificate of birth
birth or
death filed by J. M. Fairley, M. D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Orofino, County of Clearwater

Idaho, on the 19 day of June 1915.

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Date of Birth: June 13, 1915

That affiant upon her own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows:

Date of Birth: May 18, 1915

(Seal)

Affiant Mrs Lavina Bryan

Address

Subscribed and sworn to before me this 10 day of March 19

JUN 25 1956

Notary Public

FEB 14 1945

STATE OF)
) SS.
COUNTY OF)

of

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant

Address

Subscribed and sworn to before me this day of 19

(Seal)

Notary Public

VS 44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

46-130-018-265

PLACE OF BIRTH

County of Jeannette

City of Mt Russell

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30690

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 26

FULL NAME OF CHILD GLENN WILLIAM EDWARDS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 30, 1915

FATHER		MOTHER	
FULL NAME	Virgil W. Edwards	FULL MAIDEN NAME	Bertha Boehm
RESIDENCE	Near Russell, Ida	RESIDENCE	Near Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Reese

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Gilbert, Idaho

Filed June 1 1915 J. M. Faith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 30690

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) birth for (NAME ON ORIGINAL CERTIFICATE) Glenn William Edwards who (WAS BORN OR DIED) was born on (DATE OF EVENT) Apr. 30, 1915 in (PLACE OF EVENT) Orofino, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) record prepared on (GIVE DATE) April 30, 1915, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
nam	no name	Glenn Willian Edwards

Subscribed and sworn to before me this 29th day of January, 1942

Notary Public, residing at Spokane, Wash.

My commission expires Mar. 13. 1942
(SEAL)

Signed V. W. Edwards.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

3216 N. Monroe Spokane, Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

713-208-021-662

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

amended 4/23/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 30691

Primary Registration District No. 2119 **Registered No.** 122

FULL NAME OF CHILD Grace Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 8, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jedediah M. Palmer	FULL MAIDEN NAME	Anna Fosgreen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Coyden, Utah.	BIRTHPLACE	Riverdale, Idaho.
OCCUPATION	Farmer,	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 6/3 1915 Dr A R Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-31-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Franklin } ss.

Certificate No. 30691
Date Filed Feb. 14, 1980

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Palmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 8, 1915 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Grace Palmer
Jedediah M. Palmer (father)	(misspelled	Jedediah M. Palmer
Birthdate	May 8, 1915	May 7, 1915

Subscribed and sworn to before me this 18 day of Feb. 1980, 19__.
Notary Public, [signature]
Residing at Preston, Idaho
My commission expires 3/4/82
(Seal)

[signature]
Signature of Applicant
180 No. 1st East Preston Ida
Street Address, City, State
83263

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Feb. 1980, 19__.
Notary Public, [signature]
Residing at Preston, Idaho
My commission expires 3/4/80
(Seal)

[signature]
Supporting Signature

[illegible]
Street Address, City, State

Family rcord give name as Grace Palmer born at Preston, Idaho. May 7, 1915. Blessed July 4, 1915. July 1, 1923. viewed by V. S.

APR 2 3 1980

Certif of Blessing from the LDS Church gives name as Grace Palmer daughte of Jedediah Morgan Palmer and Anna Rosella Forsgren. born May 7, 1915 at Prston Idao. Blessed July 4, 1915. viewed yv.S.

462-224-037-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 30692

Primary Registration District No. 2119 Registered No. 123

FULL NAME OF CHILD ANNA MOSER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female			yes	May 24, 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME E. P. Moser,	FULL MAIDEN NAME Mary Ann Moser,
RESIDENCE Whitney, Idaho	RESIDENCE Whitney, Idaho.
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Whitney, Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Allen R. Cullin

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 6/3 19 15 D. A. R. Cullin Registrar

S-Y CO. 24685

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

415-127-021-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 30693

Primary Registration District No. 2119 **Registered No.** 124

FULL NAME OF CHILD Moroni Hatch Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
~~Xx~~male		yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cleon P. Daniels	FULL MAIDEN NAME	Chloe V. Daines
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Payson, Utah.	BIRTHPLACE	St. Jos, Arizona
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 6/14 1915. D A R Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [illegible]

318-217-021-262

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 30694

Primary Registration District No. 2119 Registered No. 126

FULL NAME OF CHILD Ida Mae

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 17th 1915

FATHER	MOTHER
FULL NAME: Alvin Taylor	FULL MAIDEN NAME: Florance Bosett
RESIDENCE: Dayton, Idaho.	RESIDENCE: Dayton, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ogden, Utah.	BIRTHPLACE: Montanna
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Condon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 6/14 19 15 Dr A R Condon Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

168-231-021-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 30695

Primary Registration District No. 2119 **Registered No.** 145

FULL NAME OF CHILD Melvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	May 31 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Joseph Johnson,	**FULL MAIDEN NAME** Nellie Thomas,
RESIDENCE Preston, Idaho	**RESIDENCE** Preston, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 47 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 44 (Years)
BIRTHPLACE Brigham, Utah.	**BIRTHPLACE** Smithfield, Utah.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

(Signature) Albert R Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 6/14 19 15 Albert R Cutler *Registrar*

S-Y CO. 24688

MAR 14 1969

168-212-021-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30696

County of Franklin

City of Preston,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 127

FULL NAME OF CHILD Verda Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	twin	second	yes	May 12, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert E. Johnson	FULL MAIDEN NAME	Luda Packer
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Contractor& Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Culter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 6/14 1915 Dr A R Culter Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

168 - 112-021- 713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30697

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 128

FULL NAME OF CHILD [redacted] Von Packer Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	first	yes	May 12 1915

FATHER	MOTHER
FULL NAME: Albert E. Johnson,	FULL MAIDEN NAME: Luda Packer
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Contractor & Builder	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert E Ruder

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/14 19 15 D. A. Ruder Registrar

8-Y CO. 24655

APR 21 1942

665-208-021-389

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 30698

Primary Registration District No. 2119 **Registered No.** 129

FULL NAME OF CHILD Bertha

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 8 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Oscar Fondomi	FULL MAIDEN NAME: Lena Christian
RESIDENCE: Whitney, Idaho	RESIDENCE: Whitney, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: farmer,	OCCUPATION: housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 6/14 1915 Dr A R Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-215-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30699

County of Franklin

City of Preston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 130

Hospital

FULL NAME OF CHILD Vera Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Jan. 12 1913

FATHER

FULL NAME Lucius Clark

RESIDENCE Preston, Ida.

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Freedom, Wyo.

OCCUPATION Teacher

MOTHER

FULL MAIDEN NAME M. Adelaide Ekerling

RESIDENCE Preston, Ida.

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Anderville, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Allen R. Rueter

Physician (Physician or midwife)

Address Preston, Ida.

Filed 6/14 1913 Dr. A.R. Rueter Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1967
PLACE OF BIRTH
NOV 19 1970

619-230-021-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston, Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 30700

Primary Registration District No. 2119 Registered No. 131

FULL NAME OF CHILD Earl Wade Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 30 1913

FATHER

FULL NAME Cyrus Ward

RESIDENCE Preston, Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE North Ogden, Utah.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Juliet Wade

RESIDENCE Preston, Idaho.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE North Ogden, Utah.

OCCUPATION Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. R. Cullen

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 6/14 19 15 A. R. Cullen Registrar

S-Y CO. 24652

STATE OF IDA
BUREAU OF VITAL S

CERTIFICATE OF DEATH

MAR 1 1974

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

[redacted]

[illegible] Franklin

[illegible] der

[illegible] 1-[illegible]

Hospital

Registration District No. 27 File No. 30701

Primary Registration District No. 2119 Registered No. 119

FULL NAME OF CHILD BERENICE SHAFFER SEAMONS

Sex of Child	Twin Triplet [illegible] and Number in order of birth (Answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5/2 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Oscar M. Seamons	FULL MAIDEN NAME	Mary E. Shaffer
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hydepark, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho.

Filed 6/3 1915 [signature] Registrar

Registrar

8-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Franklin } ss.

Certificate No. 30701
Date Filed January 2, 1980

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Seamons (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 2, 1915 (Date of Event) in Winder, Franklin County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Berenice Shaffer Seamons
Father's name	O. M. Seamons	Oscar M. Seamons

Subscribed and sworn to before me this ___ day of Jan, 1980.
Notary Public, [signature]
Residing at Smithfield Utah
My commission expires 4-20-83
(Seal)

[signature]
Signature of Applicant
160 North 200 East, Smithfield, Utah 84335
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

(Must be completed x)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of Jan, 1980
Notary Public, [signature]
Residing at Smithfield Utah
My commission expires 4-20-83
(Seal)

[signature]
Supporting Signature
160 North 200 East, Smithfield, Utah 84335
Street Address, City, State

Telephone call 12-26-79 nm

LDS Church Annual Report of Births for 1915 gives name of child as Berenice S. Searmons born May 2, 1915 in Winder, IDaho, to Oscar M. Seamons and Mary E. Shaffer.
Viewed by V.S.

Certificat of Blessing in L. D. S. Church June 13, 1915 gives name as Bereince Shaffer Seamons born May 2, 1915 at Winder, Idaho, to Oscar M. Seamons and Mary E. Shaffer.
Viewed by V.S.

249-229-02

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 30702

Primary Registration District No. 2119 Registered No. 118

FULL NAME OF CHILD Ann Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	and Number in order of birth	Yes.	Apr. (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Smith	FULL MAIDEN NAME	Terese Thomas
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Draper, Utah.	BIRTHPLACE	Smithfield, Utah.
OCCUPATION	Salesman & Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed 5/9 1915 Dr A R Cutler Registrar

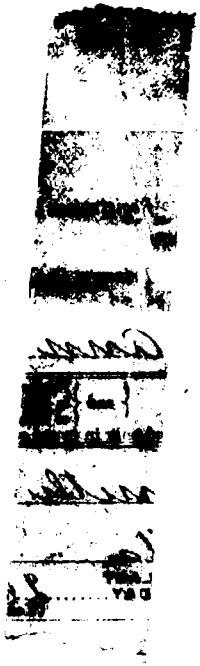
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DuPont 1915-39747

389-114-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 30703

Primary Registration District No. 2119 Registered No. 136

FULL NAME OF CHILD Ronard Charley Christiansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charley Christiansen	FULL MAIDEN NAME	Elva S. Nelson
RESIDENCE	Mink Creek, Idaho.	RESIDENCE	Mink Creek, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mink Creek, Idaho.	BIRTHPLACE	Mink Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:05 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed 6/16 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1969

389-216-021-573

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 30704

Registered No. 137

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Christensen	FULL MAIDEN NAME	Lulu Egley
RESIDENCE	Mink Creek, Idaho.	RESIDENCE	Mink Creek, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mink Creek, Idaho.	BIRTHPLACE	Mink Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 6/16 1915 D. A. R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-107-021-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 **File No.** 30705

Primary Registration District No. 2119 **Registered No.** 134

FULL NAME OF CHILD Vinton Miller Merrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 7, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lislie Merrill	FULL MAIDEN NAME	Marie Miller
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mapleton, Idaho.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11: A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 6/16 1915 Dr A R Culler *Registrar*

S-Y CO. 24655

APR 1 1942

APR 10 1962

APR 16 1945

356-108-021-261 name added 9/18/79

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30706

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 135

FULL NAME OF CHILD Glen Leroy Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 8th, 1915. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Gareld LeRoy Lewis	FULL MAIDEN NAME: Sarah Swainston
RESIDENCE: Oxford, Idaho.	RESIDENCE: ~~XXXXX~~ Oxford, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Whitney, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 6/16 1915 D. A. R. Quilter
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 14 11 55 AM '79

State of _____ } ss.
County of _____

Certificate No. 30706
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Lewis (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 8, 1915 (Date of Event)

in Whitney, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Lewis	Glen LeRoy Lewis GLEN LEROY LEWIS

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at Notary Public Residing in Pocatello, Idaho
My commission expires My Commission Expires May 31, 1982
(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

CL 7/17/79

Certif of Baptism from the LDS Church gives name as Glen Lewis son of Gerald Leroy Lewis and Sarah Swainston. born May 8, 1915 at Whitney, Idaho baptized June 30, 1923. viewed by V. S.

SEP 18 1973

Certif of Ordinatin from the LDS Church gives nameas Glenn Leroy Lewis, ordaiend a Priest on Jan 6, 1935. gives fahter's nameas Geraold L. Lewis mother's maiden name as Sarah Swaintso . born May 8, 1915.
Baptized Jan 30, 1923. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Bannock

[illegible] STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

City of Treasureton

363-106-003-66

No.

Registration District No. 27

File No. 30707

Primary Registration District No. 2119

Registered No. 133

Hospital

FULL NAME OF CHILD Attis Lar Verrel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 6, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin B. Cole	FULL MAIDEN NAME	Olla Owens
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Willard, Utah.	BIRTHPLACE	Willard, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 AM on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho.

Filed 6/16 1915 — Dr A R Cutler

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75[redacted]-021-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Coun[redacted]klin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 30708

Primary Registration District No. 2119 Registered No. 132

FULL NAME OF CHILD Golden States Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 5th, 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Peterson	FULL MAIDEN NAME	Martha A. John
RESIDENCE	Mapleton, Idaho.	RESIDENCE	Mapleton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	West Portage, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 6/16 1915 Dr A R Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

1/10/41 L. B.

695-2[illegible]-003-469

PLACE OF BIRTH

County of Ba[illegible]

City of Treasureton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 30709

Primary Registration District No. 2119 Registered No. 138

FULL NAME OF CHILD Zina Leona

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. C. Field	FULL MAIDEN NAME	Margaret Moran
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Seghiel, North England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 6/16 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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866-109
021-21

PLACE OF BIRTH

WRITE PLAINLY

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30710

County of Franklin

City of Weston

No. — St.

Hospital —

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 139

FULL NAME OF CHILD Preston Baker Hoopes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	April 9th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Albert Hoopes	FULL MAIDEN NAME	Edna Baker
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Mendon, Utah
OCCUPATION	R.F.D. Carrier U S mail	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 9th 1915 at 11.40 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Weston Idaho

Filed 6/16 1915 Dr A R Cultus
Registrar

S-Y CO. 24655

[redacted]

414-120-021-314

PLACE OF BIRTH

County of Franklin

City of Weston

No. ——— St.

Hospital ———

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30711

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 140

FULL NAME OF CHILD Claud Maughan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 20th 1915

FATHER

FULL NAME Simpson C. Maughan

RESIDENCE Weston Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Petersboro Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susannah Campbell

RESIDENCE Weston, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Weston Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth fourth

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Apr. 20th 1915 at 1: P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gourley M.D.

(Physician or ~~Midwife~~)

Address Weston Idaho.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 6/16 1915 Dr. A. R. Cullen

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-209-021-599

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Weston

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 30712

Primary Registration District No. 2119 Registered No. 141

FULL NAME OF CHILD Elizabeth Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver Almy Allen	FULL MAIDEN NAME	Vina Erickson
RESIDENCE	Weston Idaho	RESIDENCE	Weston Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Weston Id.	BIRTHPLACE	Newton, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 5/9/15 at 8:45 P. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weston Idaho

Filed 6/16 1915 D. A. R. Cuella Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-225-021-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 30713

Primary Registration District No. 2119 Registered No. 121

FULL NAME OF CHILD Ruth Evelyn MERRILL

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eeon E. Merrill	FULL MAIDEN NAME	Bertha Lowe
RESIDENCE	Richmond, Utah	RESIDENCE	Richmond, Utah.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8: P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. R. Merrill

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wellsville, Utah.

Filed 6/3 1915 Dr. A. R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 2 1961

749-116-021-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30714

County of Franklin

City of Franklin

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 143

Hospital

FULL NAME OF CHILD ~~Donald~~ Robert W. Luck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy W. Luck	FULL MAIDEN NAME	Cora Stoddard
RESIDENCE	Franklin Ida	RESIDENCE	Franklin
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wyoming
OCCUPATION	Physician	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated.
(Bornalive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Merrill

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 6/16 1915 Dr A R Cutler
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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645-130-021-297

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30715

County of Franklin

City of Franklin

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 144

Hospital

FULL NAME OF CHILD William Morgan Funk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert W. Funk	FULL MAIDEN NAME	Alice Biggs
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Franklin, Ida.

Filed 6/16 1915 Dr A R Culter
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

632 - 201-021-569

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30716

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 145

FULL NAME OF CHILD Mary Luella Olsen

Sex of Child Female | Twin Triplet or other? ..... and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 1st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Olsen	FULL MAIDEN NAME	Luella Norton
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Franklin, Ida.

Filed 6/16 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

815-106-021-769

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. _____ File No. 30717

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Norman Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman Hanson	FULL MAIDEN NAME	Selma Porter
RESIDENCE	Felt Idaho	RESIDENCE	Felt Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Franklin Idaho

Filed 6/14 1915 Dr A R Cutler

Registrar

Registrar

9-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

295-213-021-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. — St.

Hospital —

Registration District No. 27 File No. 30718

Primary Registration District No. 2119 Registered No. 142

FULL NAME OF CHILD Thelma Amanda Bingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May (Month) 13th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Tyler Bingham	FULL MAIDEN NAME	Christine Pearl Thompson
RESIDENCE	Ranch near Weston Idaho	RESIDENCE	Ranch near Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wilson Utah	BIRTHPLACE	Wilson Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth fourth Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 5/13/15 at 8:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley MD

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Address Weston, Idaho

Filed 6/16 1915 D. A. R. Pulter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1967

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951-200-039-25

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Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Rockland

No. Valley St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. File No. 30719

Primary Registration District No. Registered No.

FULL NAME OF CHILD Alda Lois Read.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	5- 1915

FATHER	MOTHER
FULL NAME Carroll William Read.	FULL MAIDEN NAME Florence Mana Kelly
RESIDENCE Rockland Valley Ida	RESIDENCE Rockland Valley Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ogden Utah	BIRTHPLACE Rockland Valley Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Third. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gutta C. Grayot

Midwife (Physician or midwife)

Address Kelley Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 19 15

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 1 1971

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044-362

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Crystal

No. _____ St.

Hospital _____

Registration District No. 86

File No. 30720

Primary Registration District No. 2112

Registered No. 24

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lish Pool	FULL MAIDEN NAME	Stella Cosby Pool
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Gentry Co Missouri	BIRTHPLACE	Lesleur Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Pettit D.A.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Crystal Ida

Filed 8-29 1915 W. R. Hamilton Registrar

L

'S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

335-216 [redacted]
044-335

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Crystal

No. ..... St.

Hospital .....

Registration District No. 86

File No. 30721

Primary Registration District No. 2112

Registered No. 23

FULL NAME OF CHILD Winifred May Clezie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Lester Clezie	FULL MAIDEN NAME	Mary Ann Clezie
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lakeside Ohio	BIRTHPLACE	Waukesha Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Two (2)

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~A. J. Pettit D.C.~~

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed 8-29 1915 W. R. Hamilton
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE

752-207-037-417

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

[redacted]TIFICATE OF BIRTH

County of Power

City of American Falls, Idaho

Registration District No. 25

File No. 30722

No. _____ St.

Bethany Deaconess Primary Registration District No. 2072

Registered No. _____

Hospital Home & Hospital

FULL NAME OF CHILD Lavina Agnes Gebhard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry E. Gebhard	FULL MAIDEN NAME	Matilda Magin
RESIDENCE	Rockland, Idaho	RESIDENCE	Rockland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Voth

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address American Falls, Idaho.

Filed Apr 8 1915

R F Voth
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1902

Dup CC 1915-32978

112-126-039-244

PLACE OF BIRTH

STATE OF IDA[illegible]
BUREAU OF VITAL S[illegible]

[illegible]C—25m-1-1-13

CERTIFICATE OF B[illegible]

County of Power

City of American Falls

No. _____ St.

Hospital _____

Registration District No. 25

File No. 30729

Primary Registration District No. 2072

Registered No. _____

FULL NAME OF CHILD Otto Edward Jasmann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William F. Jasmann	FULL MAIDEN NAME	Mary Kump
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nath

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address American Falls, Idaho

Filed June 28 1915

R F Nath
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DuPont 1915-32972

966 - 118 - 035 - 619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 30730

No. ____ St.

Primary Registration District No. 2072 Registered No. ____

Hospital ____

FULL NAME OF CHILD Darrell Laverne Rowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mch 18 1915

FATHER	MOTHER
FULL NAME: Thomas Griffin Rowe	FULL MAIDEN NAME: Lila Elizabeth Farnum
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: South Dakota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard F Roth

Physician (Physician or midwife)

Address American Falls, Idaho.

Filed Mch 19 1915 R F Roth Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 20 1948

Dup of 1915-3973

855-203-039-592

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30731

County of Power

City of American Falls

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** .....

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD ~~Gescina Hensen~~ GESCENA ALVINA JOHANNA HENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilhelm Hensen	FULL MAIDEN NAME	Dora Nische
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Germany
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Voith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls, Idaho

Filed 5/4 1915 R F Voith
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

dup of 1915--32971

APR 1 9 1943

DECEASED

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3075
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth
(a) State Idaho (b) County Bingham
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs
3. RESIDENCE OF FATHER (city, state) American Falls Idaho

FULL NAME OF CHILD Gescina Alvina Johanna Hensen
5. Date of Birth of Child (Month, day, year) April 3d 1915
Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME William Hensen
Color or Race White
12. Age at time of THIS birth 40 yrs.
Birthplace Davenport (City or town) Iowa (State or foreign country)
Exact Occupation Farming
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dora Niesche
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Holstein (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the dat and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who i related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

ate of Idaho
unty of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appear Item 4, above, that I am now 63 years of age, that I have known this person for 28 years, and tha Dr. (First name) Note (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state tha facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde apter 139, 1937 Session Laws.

Dora Bierman Signatur
901 7th Ave So Nampa P. O. Addres

Subscribed and sworn to before me this 9th day of April, 1943
(SEAL) Maud Henry Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on by , Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-205-039-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 30732

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Myra Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Henrie Wood	FULL MAIDEN NAME	Mary Kelly
RESIDENCE	Rockland, Idaho	RESIDENCE	Rockland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth

Physician (Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Address Amsterdam

Filed Apr. 6 1915 R F Roth

..... Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1972

Dup CC 1915-32970 + 1915-30314

113-111-039-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 **File No.** 30733

No. ..... *St.*

Primary Registration District No. 2072 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Bennett Harry Jacobs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Bennett Jacobs	FULL MAIDEN NAME	Phoebe Alvaretta Johnson
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls, Idaho

Filed June 11 1915 R F Noth M.D. Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1956

DUP001915-32968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Am Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 30734

Primary Registration District No. 2072 Registered No. _____

FULL NAME OF CHILD Evaline Haag

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes	Apr 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Haag	FULL MAIDEN NAME	Olga Walters
RESIDENCE	Am Falls Idaho	RESIDENCE	Am Falls Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	S Dakota
OCCUPATION	Probate Judge	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address American Falls Idaho

Filed Apr 19 1915 R F Noth MD

Registrar Registrar

S-Y CO. 24655

DUP 061915-32967

285-118-039-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Idaho

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 30735

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Boyd Elmer Shepherd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel C. Shepherd	FULL MAIDEN NAME	Myrtle Jones
RESIDENCE	Neeley, Idaho	RESIDENCE	Neeley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noetz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls, Idaho

Filed May 19 1915 Richard F. Noetz Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuPO21915-32969

445-131-034-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[illegible] OF IDAHO
[illegible] AL STATISTICS
[illegible] OF BIRTH

County of Minidoka

City of Hazelton

Registration District No. 18

File No. 30736

No. ..... St.

Primary Registration District No. 2102

Registered No. 21

Hospital .....

FULL NAME OF CHILD William Seward Dunn, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William S Dunn	FULL MAIDEN NAME	Clara Hall
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKenzie MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hazelton Idaho

Filed June 12 1915 V. R. Killen Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

255-130-034-275

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No. _____ St.

Hospital _____

Registration District No. 18 File No. 30737

Primary Registration District No. 2102 Registered No. 20

FULL NAME OF CHILD RICHARD H. Seeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	5-30-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	J. R. Seeley	FULL MAIDEN NAME	Lodrica Spencer
RESIDENCE	Hazelton, Ida.	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Burley, Idaho

Filed June 12 1915 V. R. Killen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
) ss
COUNTY OF JEROME)

The undersigned does solemnly swear that certain facts on the certificate of birth for Richard H. Seeley, who was born on May 30, 1915, in Hazelton, Idaho are erroneous or were omitted: and that, to the best of his knowledge, the true facts are shown that the true name is Richard H. Seeley rather than R. H. Seeley.

James R Seeley
Father

Subscribed and sworn to before me this the 1st day of February, 1943.

R. H. Seeley
Notary Public

State of Idaho)
) ss
County of Jerome)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Harold W. Rooker

Subscribed and sworn to before me this the 1st day of February, 1943.

R. H. Seeley
Notary Public

FEB 8 1943

396-229-034-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 18

File No. 30738

No. ..... St.

Primary Registration District No. 2102

Registered No. 19

Hospital .....

FULL NAME OF CHILD Lois Eugenia Trowbridge

Sex of Child: female

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May (Month) 29 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: C. E. Trowbridge	FULL MAIDEN NAME: Ivy Smith
RESIDENCE: Heyburn	RESIDENCE: Heyburn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen, M.D.

(Physician or midwife)

Address Heyburn, Ida.

Given names added from a supplemental report

..... 19.....

Filed June 12 1915 V. P. Killen

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1943

BUREA

6 1965

238-228-034-796

Form Vr B. No. 11-C—[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 30739

Primary Registration District No. 2102 Registered No. 18

FULL NAME OF CHILD Helen Marie Shodde SCHODDE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	May 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Shodde SCHODDE	FULL MAIDEN NAME	Nellie Marie Pifer
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lincoln Co Idaho	BIRTHPLACE	Pueblo, Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Heyburn, Idaho

Filed June 12 1915 V. R. Killen

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 30739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Marie Shodde (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1915 (Date of Event)
in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Shodde	Schodde

Subscribed and sworn to before me this 1st
day of July, 1942.

Mark W. Crouch

Notary Public, residing at Burley, Idaho

My commission expires May 25, 1945.
(Seal)

Signed Nellie Mae Schodde
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho. R.# 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 1942

L .C 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-18-[illegible]-355

County of [illegible]

CERTIFICATE OF BIRTH

City of Hazelton

Registration District No. 18

File No. 30740

No. ..... St.

Primary Registration District No. 2102

Registered No. 17

Hospital .....

FULL NAME OF CHILD Otto Bismark Fleck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Boy		Yes	May (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Otto Fleck	FULL MAIDEN NAME	Cora Lee
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hazelton Ida

Filed June 12 1915 V. R. Killen

Registrar

Registrar

S-Y CO. 20174

[redacted]TH UNFADING INK—[redacted]

666-116-034-915

Form No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 30741

Primary Registration District No. 2102 Registered No. 16

FULL NAME OF CHILD Benjamin Ephriam Fowler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	Twin	2.	yes.	5-16-15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	E. Fowler	FULL MAIDEN NAME	Emily Randquist
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6. a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Burley, Ida.

Filed June 12 1915 V. R. Killen Registrar

S-Y CO. 24655

JUN 14 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 30741

County of ..... Date Filed .....

JUL 12 3 15 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Fowler (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 16, 1915 (Date of Event)

in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Benjamin Ephriam Fowler

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed x [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 166 W. VALLEY BLVD., SAN GABRIEL, CA. 14936 [illegible] La Mirada Calif (Street Address, City, State)

My commission expires 3/25/74 (Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.

County of LOS ANGELES

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND. day of JUNE, 19 73

Signed [signature] (Signature of Any Credible Person)

[signature] (DOROTHY M. BRADY

Notary Public, residing at 166 W. VALLEY BLVD., SAN GABRIEL/ 5208 NO. PERSIMMON AVE. (Street Address, City, State)

My commission expires AUGUST 26, 1974 (Seal)

TEMPLE CITY, CALIF. 91780

FORM DH 60-155 CL 6/14/73 RUSH!

Family record gives name as Benjamin Ephraim Fowler born May 16, 1915 at Paul, Idaho. Blessed Jan. 2, 1916. Viewed by V. S.

JUL 13 1973

Family Group Record from church gives father's name as Ephraim Fowler and the mother's maiden name given as Elizabeth Emily Rundquist. Child's name given as Benjamin Ephriam Fowler born May 16, 1915. Viewed by V. S.

666-116-034-915

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 30742

Primary Registration District No. 2102 Registered No. 15

FULL NAME OF CHILD Fowler - Glen Charles

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	Twin	1	yes	5-16-15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. Fowler.	FULL MAIDEN NAME	Emily Randquist
RESIDENCE	Heyburn Ida.	RESIDENCE	Heyburn Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Burley, Ida.

Filed June 12 1915 V. R. Killen Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1976

556-108-034-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 18 File No. 30743

Primary Registration District No. 2102 Registered No. 14

FULL NAME OF CHILD Everett Cyde Newbry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Reazin E. Newbry	FULL MAIDEN NAME	Maude M Williams
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hazelton

Filed June 12 1915 V. R. Killen Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U.C. [illegible]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

369-101-044-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted]
BUREAU OF [redacted]STICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

Primary Registration District No. 2154

File No. 30745

Registered No. .....

FULL NAME OF CHILD Fred Cornett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isac W Cornett	FULL MAIDEN NAME	Ollie T. Jones
RESIDENCE	Crane	RESIDENCE	Crane Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed June 20 1915 W H Marshall
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-206-044-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

File No. 30746

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD Freda Marie Kilbron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	2 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James M Kilbron	FULL MAIDEN NAME	Emma Anna Hunt
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed June 20 1915 W H Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 30746

County of Washington } Date Filed

58 AM '77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kilborn (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 6, 1915 (Date of Event)

in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Freda Marie Kilborn

Subscribed and sworn to before me this 27 day of January, 1977

Edwina B. Howard

Notary Public, residing at Potlatch, Idaho

My commission expires Life

(Seal)

Signed Elmer G. Kilborn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2/27/76 nm

Insurance policy fromUnited of Omaha gives name as Freda Marie Heinrich dated Aug 24, 1966. policy No. 2273210. age at issue: 51. viewed by V. S.

APR [illegible] 1977

Own child's birth certif on file in Idaho gives name as Roger LeRoy Heinrich. born Nov 8 1951 in Stibnite, Idaho. gives father's nameas Emanuel Daniel Heinrich and the mother's name as Freda Marie Kilborn. viewed by V. S.

366-217-044-893

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 30747

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Frank Albert Towell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	3 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Francis Towell	FULL MAIDEN NAME	Rosa Nellie Hicks
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W. H. Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30747

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Towell (male) (Name on Original Certificate) who was born (Was Born or Died) on Mau 17, 1915 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Sau Examination Sheet (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frank Albert Towell

Subscribed and sworn to before me this 14th day of ....., 19 77

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of ....., 19 77

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

Box 142 Weiser, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 12/27/76

Life insurance policy with Perpetual National Life Ins co gives name as Frank Albert Towell. Policy No. 09180. dated Nov 6, 1964. viewed by V. S. wife's name as Elma J. Towell.

JUN 1 1977

Own child's birth certifi on filein Idaho gives name as Frank Albert Towell, Jr. born May 17, 1948 in Council, Idaho father's name as Frank Albert Towell and mother's name as Elma Jean Morrow. viewed by V. S.

532-124-044-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

Primary Registration District No. 2154

File No. 30748

Registered No. .....

FULL NAME OF CHILD Walter Gordon Elby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter Orie Elby	FULL MAIDEN NAME	Lavina Winifred Schwabauer
RESIDENCE	Midvale	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1918 T. O. H. Marshall
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-110-044-713
268-210-044-713

PLACE OF BIRTH

V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30749

County of Washington

City of Midvale

Registration District No. 87 File No.

No. St.

Primary Registration District No. 2154 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Male | * Twin Triplet or other? | and Number in order of birth Boy 2nd | Legitimate? yes | Date of Birth May 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles Johnson	FULL MAIDEN NAME Maggie Galloway
RESIDENCE Midvale	RESIDENCE Midvale
COLOR W.	AGE AT LAST BIRTHDAY 33 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Mo.
OCCUPATION Blacksmith & Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Marshall

(Physician or midwife)

Address Midvale

Given names added from a supplemental report

19

Registrar

Filed May 26 19 15 W D Marshall

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP 001915-329028

168-210-044-713

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. 2154

File No. 30750

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	5-10-15 191...

FATHER	MOTHER
FULL NAME: Chas. Johnson	FULL MAIDEN NAME: Maggie Galloway
RESIDENCE: Midvale	RESIDENCE: Midvale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Mo.
OCCUPATION: B. Smith and rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall

Physician
(Physician or midwife)

Address Midvale, Idaho

Given names added from a supplemental report.

_____ 19...

_____ Registrar

Filed 5-26-15 19... W. H. Marshall
Registrar

S-Y CO. 24695

DUP981915-- 329029

954-210-044-249

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of ---

No. ---St.

Hospital ---

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 34751

Primary Registration District No. 2154 Registered No. ---

FULL NAME OF CHILD Mary Reddick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			Yes	May 10 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Reddick	Edith Smith
RESIDENCE	Crane	Crane
COLOR	Wh.	Wh
AGE AT LAST BIRTHDAY	41 (Years)	36 (Years)
BIRTHPLACE	Mo	Mo
OCCUPATION	Sheep Worker	housewife

Number of child of this mother, including present birth ---

Number of children of this mother now living, including present birth ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Marshall

(Physician or midwife)

Address Medical

Given names added from a supplemental report

---19---

Registrar

Filed June 20 19 15 W. D. Marshall
Registrar

S-V CO. 20174

613-105-044-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 30752

No. ..... St.

Primary Registration District No. 2154 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Walson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 5 1915

FATHER		MOTHER	
FULL NAME	Chas. Walson	FULL MAIDEN NAME	Mary Longmore
RESIDENCE	Ozone	RESIDENCE	Ozone
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Ind.
OCCUPATION	Laborer	OCCUPATION	H. wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale

Filed May 26 1915 W A Marshall

..... Registrar

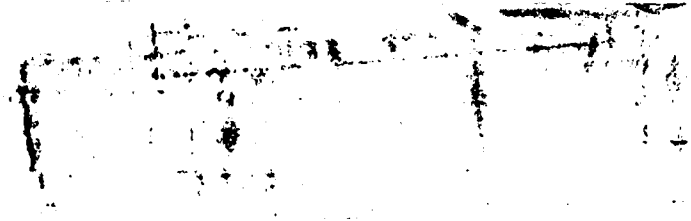
8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-105-044-893

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

O
ATISTICS
RTH

County of Washington

City of Midvale

Registration District No. 87

File No. 30753

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Earnest Towell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Otho Towell	FULL MAIDEN NAME	Ella S Hicks
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. E. Schmitt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 10 1915 D H Marshall
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1945

NOV 10 1976

619-205-044-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 30754

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Ava Ozell Warfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel W. Warfield	FULL MAIDEN NAME	Martha Janey Hawks
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W H Marshall
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/11/41 L. B.

271 - 209-044-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30755

County of Washington

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 87

Primary Registration District No. 214

File No. .....

Registered No. .....

FULL NAME OF CHILD Edith L Spady

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	1 - 9 - 191 1

FATHER

FULL NAME Henry L Spady

RESIDENCE Meridale Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Katie Schwabauer

RESIDENCE Meridale Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Nebraska

OCCUPATION House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F A Schmidt

Physician

(Physician or midwife)

Address Meridale Idaho

Filed June 20 19 18 O H Marshall

Registrar

S-Y CO. 24688

OCT 3 1961

817-12-044-683

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 30756

No. ..... St.

Primary Registration District No. 2154 Registered No. .....

Hospital ..... Willard

FULL NAME OF CHILD Glen Hague

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes	04 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Geo Hague.	Alice May Wicks.
RESIDENCE	Ida Midvale	Midvale ~~Kansas~~ Ida
COLOR	Wh.	Wh.
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Ida	Kansas
OCCUPATION	Rancher	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Marshall (Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed May 22. 19 15 W. A. Marshall Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO
VITAL STATISTICS

843-222-044-99 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted]TICS

County of Washington

City of Midvale

Registration District No. 87

File No. 30757

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glady Ola Hutchison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			yes	yes	4 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl P. Hutchison	FULL MAIDEN NAME	Lydia Triton
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Falchmit

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W H Marshall

Registrar

Registrar

S-Y, CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1973

DEC 30 1941

614-222-044-286 Place of birth and residence amend 5-10-88 dl

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of ~~Washington~~ ADAMS

City of ~~Midvale~~ INDIAN VALLEY

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 30758

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD Frankie Willma Wade

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	3 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm S Wade	FULL MAIDEN NAME	Caressa Shook
RESIDENCE	Indian Valley ~~Midvale~~ Idaho	RESIDENCE	Indian Valley ~~Midvale~~ Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Mo
OCCUPATION	Farm & Barber	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W H Marshall

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 23, 1941. E.W.

5-10-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

FILED
BUREAU OF
VITAL STATISTICS
MAY 10 11 56 AM '88

State of Idaho
County of Ada } ss.

Certificate No. 30758
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Frankie Willma Wade (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 22, 1915 (Date of Event)

in Midvale (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
place of birth	Midvale, Washington Cnty	Indian Valley, Adams County
residence of parents	Midvale, Idaho	Indian Valley, Idaho

Subscribed and sworn to before me this 10th day of May, 1988.

Notary Public, [signature]
Residing at Boise Ada Id
My commission expires Jan 1993
(Seal)

X Willma Wade Northey
Signature of Applicant

X 8251 - SE 41st St. Mercer Isl. WA 98040
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage record lists Willma Wade born in Indian Valley, Idaho was married to John A Northey on June 16, 1947. Viewed by V.S.

Statement from mother dated Jan 16, 1941 lists Frankie Willma Wade born March 22, 1915 in Indian Valley, Adams County, Idaho. Residence of parents as Indian Valley, Adams County, Idaho. Viewed by V.S.

ed States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH: (6 [illegible])
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No. R R #1
(d) Name of Hospital or Maternity Home: own Residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City Indian Valley
(d) Street Address or R.F.D. No. R 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address (For registration notice): Indian Valley Idaho
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) Idaho

FULL NAME OF CHILD Francis Willma Wade
5. Date of Birth (Month, day, year) Mar 22 15
Sex Female, 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

FULL NAME Wm Sidney Wade
Color or Race White 12. Age at time of THIS birth 41 yrs.
Birthplace Lyons (City or Town) Michigan (State or foreign country) U.S.A.
Exact Occupation Salesman.
Industry or Business Grocery.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caseresa Stork
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Nashua (City or Town) Botany Mo. (State or foreign country) U.S.A.
20. Exact Occupation Housewife
21. Industry or Business Housework

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 8 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Caseresa Wade (First name) (Last name), who is related to this child as mother (Mother, etc.)

RECEIVED
JAN 16 1941
(a) (Date received) (b) (Registrar's signature)

Given name added on.....by.....
(Registrar's Signature)

25. Attendant's **OWN signature** F A Schmidt M.D.
(D.O., Midwife, etc.)
and address Midvale Date 3-22-15

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the dat birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nu householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth hav occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatur make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that p pose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other per charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a n demeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of none

(b) Labor: Complications: no

Induced? no

(c) Was there an operation for delivery? no

State all operations: —

(d) Did baby have any:

(1) Congenital Malformation? none

Describe:

(2) Birth Injury? none

Describe:

(3) Was mother given a Wasserman before delive

no

(4) Signature of Physician:

[illegible] M

247-226-044-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 30759

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD Violet Bugh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			yes	3 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Amiel L Bugh	FULL MAIDEN NAME	Olive Myrtle Gallahan
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W H Marshall
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-224-044-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. [redacted]760

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Georgia Ransford Coleman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 24 1915

FATHER		MOTHER	
FULL NAME	Geo. L Coleman	FULL MAIDEN NAME	Julia Matson
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed June 20 1915 W H Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-101-044-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 30761

No. ..... St.

Primary Registration District No. 2154 Registered No. .....

Hospital .....

FULL NAME OF CHILD Erwin Bobo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 1 1915

FATHER	MOTHER
FULL NAME Guy E Bobo	FULL MAIDEN NAME Laura M Kibbon
RESIDENCE Midvale Ida	RESIDENCE Midvale Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Johnnie
Physician
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed June 20 19 W. W. Marshall Registrar

S-Y CO. 24695

K

366-215-044-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 30762

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	3 15 1913

FATHER		MOTHER	
FULL NAME	John W Cooper	FULL MAIDEN NAME	~~[illegible]~~ Birtha Daniels
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mib.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Cooper
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho R R#2

Filed June 20 1915 W. A. Marshall
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-214-001-493

V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDA[illegible]
BUREAU OF VITAL S[illegible]

CERTIFICATE OF B[illegible]

County of Ada

City of Meridian

No. R#I. *St.*

Hospital

Registration District No. 11 **File No.** 30763

Primary Registration District No. 2003 **Registered No.**

FULL NAME OF CHILD Clara Opal Donoho

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		2	yes	May 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Donoho	FULL MAIDEN NAME	Wilma O. Miller
RESIDENCE	Meridian R#I.	RESIDENCE	Meridian R#I.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal
Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Meridian

Filed 6/10 1915 C. L. Sutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

File No.

Registered

769-116-001-967

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R# I St.

Registration District No. 11 File No. 30764

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD ~~Robert Lawrence~~ Lorence Robert Gordner Gordner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	May 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tillman R Gordner	FULL MAIDEN NAME	Clara J Rogers
RESIDENCE	Meridian R# I	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Meridian

Filed 6/10 1916 C. L. Dutton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss.
County of Appanoose

Certificate No. 30764

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Lawrence Gordner (Name on Original Certificate) who was born (Was Born or Died) on May 16. 1915 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Robert Lawrence	Lorence Robert Gordner
mother's maiden name	Roggers	Clara Rogers

Subscribed and sworn to before me this 1st
day of April, 1944

Notary Public, residing at Moravia, Iowa.

My commission expires July 4, 1945
(Seal)

Signed Clara Gordner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albia Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Appanoose

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of April, 1944

Notary Public, residing at Moravia, Iowa.

My commission expires July 4th 1945
(Seal)

Signed W. I. Lemaster
(Signature of Any Credible Person Other Than Previous Year)

Moravia Iowa
(Street Address, City, State)

APR 5 1944

763-101-001-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30765

County of Ada

City of Meridian

No. Rural #2 St.

Registration District No. 11 File No.

Hospital

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Howard x Potter, LINDSAY Howard Lindsay Potter

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	yes	May 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas W Potter	FULL MAIDEN NAME	Almyra Lindsay
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

✓ M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed June 7 1915 P. L. Dutton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 3 1962

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 30765

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Howard Potter (Name on Original Certificate) who born (Was Born or Died) on May 1, 1915 (Date of Event)

in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Howard Potter	Howard Lindsay Potter

Subscribed and sworn to before me this 21st day of ~~September~~, 1942

Marion E. Orr

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(Seal)

Signed Almyra Lindsay Potter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19 .

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 2 1942

996 - 109-001-239

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. 1 mi North Belfry School St.

Hospital

Registration District No. 11

File No. 30766

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Wayne Curtis Rife

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb. 9th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. C. Rife	FULL MAIDEN NAME	Fannie M. Blincoe
RESIDENCE	1 Mile No. Belfry School	RESIDENCE	1 mi North Belfry School.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Filed March 10th 1915. C. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1958

593-120-001-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 30767

No. R#II St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Roy S. Wickham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		5th	yes	Apr 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. R. Wickham	FULL MAIDEN NAME	Cora M. Stott
RESIDENCE	Meridian R#II	RESIDENCE	Meridian R#II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed June 10 1915 C. L. Dutton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 29 1949

DECEASED

641-125-001-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 30768

No. ..... St.

Primary Registration District No. 2003. Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence D. Huggandt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	4th	yes	Apr 25 1915

FATHER		MOTHER	
FULL NAME	Wm A. Huggandt	FULL MAIDEN NAME	Maude M. Matson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Labor.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Neal

Physician

(Physician or Midwife)

Address Meridian Ada

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/10 19 15 C. L. Sutton Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-110-001-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Mor Bilby School St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No. 30769

Registered No.

FULL NAME OF CHILD Jimmy Witman Gilfillan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	March 10th 1915

FATHER		MOTHER	
FULL NAME	Edward S. Gilfillan	FULL MAIDEN NAME	Caroline Witman
RESIDENCE	1/4 mi North of Nisbich	RESIDENCE	1/4 Mi No Eastside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 14 19 15

C. L. L. Dunton
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-120-001-497

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

~~City of~~ Dixon Ranch

No. 6 Mi N.W. of Boise St.

Hospital

Registration District No. 11 File No. 30770

Primary Registration District No. 2063 Registered No.

FULL NAME OF CHILD Albert Roy Warner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Mch (Month) 20th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Warner	FULL MAIDEN NAME	Minnie E. Dixon
RESIDENCE	Dixon Ranch	RESIDENCE	Dixon Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.50 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise, Idaho

Filed 5/14 1913 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 4 1974

MAR 1 7 1943

812-125-001-534

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. Mer. Hotel:- St.

Hospital

Registration District No. 11

File No. 30771

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Unnamed:-

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male -	✓	1 -	Yes	March 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H. Hastrouck	FULL MAIDEN NAME	Bessie E. Eldred
RESIDENCE	Meridian Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 - (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Miner:-	OCCUPATION	At home

Number of child of this mother, including present birth 7 -

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 a.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 3-26 1915 C. L. Dutton

Registrar

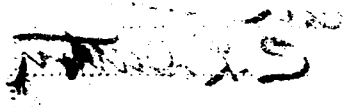
Registrar

-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



281-223-001-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 30772

No. ..... St.

Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel May Shaul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 23 1915

FATHER		MOTHER	
FULL NAME	Lester Theodore Shaul	FULL MAIDEN NAME	Minnie Francis Cox
RESIDENCE	Paisley Ranch No 2	RESIDENCE	Same - 3 Mi So - 3 Mi E.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M. D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

Filed Apr. 1st 1915 C. L. Dutton
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 3 1 1958

295-221-001-951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

No. Near Victory St.

Hospital School

Registration District No. 11 File No. 30773

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Essie Lucile Kindall

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) 21 (Day) 1915 (Year)

FATHER

FULL NAME Vesler Kindall

RESIDENCE 1½ Mi No-2½ Mi W-

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Arkansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lydia Rea

RESIDENCE Near Victory School

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Arkansas

OCCUPATION House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

M.D.

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report.

.....19.....

Filed March 27 1915 C. L. Sutton Registrar

.....Registrar

8-Y CO. 24655

MAR 24 1949

719-223-001-862

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 **File No.** 30774

No. ..... *St.*

Primary Registration District No. 2003 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Kathleen M. Garrett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	Mar 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur M. Garrett	FULL MAIDEN NAME	Georgia M. Robinson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Meridian

Filed 6-10- 1915 C. L. Dutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1955

295- 202-001-914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R# I St.

Hospital

Registration District No. 11 File No. 30775

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Bingaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	2nd	yes	May 2 1915

FATHER	MOTHER
FULL NAME J. Hardy Bingaman	FULL MAIDEN NAME Viola L. Rambo
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wash	BIRTHPLACE Kans
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.38 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Neal M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 10th 1915. C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-104-001-796

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 30776

No. R# II St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD James Amer Evens

Sex of Child male

Twin, Triplet or other? / and Number in order of birth 3rd

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Mar 4 1915
(Month) (Day) (Year)

FATHER

FULL NAME Robert E. Evens

RESIDENCE Meridian R# II

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Georgia

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Sadie E. Broadbeck

RESIDENCE Meridian R# II

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician (Physician or midwife)

Address Meridian Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 6/10 19 15 C. L. Dutton Registrar

5-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO
VITAL STATISTICS

DATE OF BIRTH

167-110-001-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Meridian

No. SE of Eagle St.

Hospital 3 Mi

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30777

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD STEPHEN RICHARD Joplin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	3 — 10 — 1913

FATHER		MOTHER	
FULL NAME	Darrel A. Joplin	FULL MAIDEN NAME	Violet May Comerford
RESIDENCE	SE of Eagle - 3 Mi.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M D

(Physician or midwife)

Address Meridian (Ada)

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 3 — 13 1913 C. L. Dutton

Registrar

S-Y CO. 24696

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 30777

County of Klamath } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 10, 1915 (DATE OF EVENT)

in Meridian, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Stephen Richard Joplin

Subscribed and sworn to before me this 21st day of February, 1942

F. Wharton

Notary Public, residing at Klamath Falls Ore.

My commission expires 5-10-1944.

(SEAL)

Signed Violet M. Comsford Joplin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2450 Biehn St. Klamath Falls Ore

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Klamath }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1942

F. Wharton

Notary Public, residing at Klamath Falls Ore.

My commission expires May 10, 1944.

(SEAL)

Signed [signature]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2450 Biehn St. Klamath Falls Ore

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 5 1942

AUG 1 8 1966

269-112-001-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Meridian

No. 1 X L Ranch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30778

Primary Registration District No. 2003. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Mar (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	P. A. Sorenson	FULL MAIDEN NAME	Helen Hartwell
RESIDENCE	I. X. L. Ranch	RESIDENCE	I. X. L. Ranch
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Merchant.	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... at 1. A M on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Boise Ida.

Filed 3-17- 1914 C. L. Dutton

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-217-001-712

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30779

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Francis Ellen Beckdolt -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	April 17 1915 -

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter N. Beckdolt -	Blanche Florence Lee
RESIDENCE	Kuna Ada	Kuna Ada
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	19 (Years)
BIRTHPLACE	Iowa	Boise Ada
OCCUPATION	Carpenter	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M. D. (Physician or midwife)

Address Meridian Ada

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-21- 19 15 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1958

244-219-C01-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30780

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD ULAH BLANCH SUMMERS

Sex of Child Girl | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April 19 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Charlie E Summers.

RESIDENCE 1/2 mi W Meridian.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Arkansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dora Moore

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Arkansas

OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/1 1915 C. L. Sutton Registrar

8-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 30780
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) was born on (Date of event) April 19 1918
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Summers	Ulah Blanch Summers
Mother's name	none given	Dora I Moore

Subscribed and sworn to before me this 2nd
day of December, 19 41
O M Kamy
Notary Public, residing at Meridian
My commission expires May 7th 1941
[SEAL]

Signed Dora Moore Summers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of December, 19 41
O M Kamy
Notary Public, residing at Meridian
My commission expires May 7th 1943
[SEAL]

Signed Charles Ernest Summers
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

854-220-001-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30781

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Mildred Joyce Hodges -

Sex of Child Female | Twin, Triplet or other? - | and Number in order of birth - | Legitimate? Yes | Date of Birth April 20 1918
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER

FULL NAME Roy W. Hodges

RESIDENCE Meridian R.D.1.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Minnie M. Howard

RESIDENCE same

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. a 30 M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.
(Physician or midwife)

Address Meridian (Ada)

Given names added from a supplemental report.

..... 19....

Filed May 1st 1918 C. L. Dutton
Registrar

..... Registrar

S-Y CO. 24658

652 - 107-001-284

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 30782

No. _____ St.

Primary Registration District No. 2003 Registered No. _____

Hospital _____

FULL NAME OF CHILD Frederick Norman Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 7th 1915

FATHER		MOTHER	
FULL NAME	Samuel Alexander Webb	FULL MAIDEN NAME	Mary Maria Shutts
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Delaware
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4-11-1915 C. L. Sutton Registrar

IN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD
. more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1942

413-107-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. 3½ Mi N 1 Mi E.

Registration District No. 11 File No. 30783

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Clarence Allen Matlock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	C	C	Yes	April 7 1915

	FATHER	MOTHER
FULL NAME	James Clarence Matlock	FULL MAIDEN NAME Maude Mable Young
RESIDENCE	3½ Mi N. 1 Mi E.	RESIDENCE 3½ Mi N. 1 Mi E.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

M. D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4/10 1915 C. L. Sutton
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1973

315-118-001-449

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#II St.

Registration District No. 11 File No. 30784

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD George Dent Lane

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1	4th	yes	Apr 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira B. Lane	FULL MAIDEN NAME	Gertie E. Dent
RESIDENCE	Meridian R#II	RESIDENCE	Meridian Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Meridian Ida

Filed 6/10 1915 C. L. Dutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986-215-001-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#II St.

Hospital

Registration District No. 11

File No. 30785

Primary Registration District No. 2003.

Registered No.

FULL NAME OF CHILD Rhodes.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	3rd	Yes	Apr. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto V. Rhodes.	FULL MAIDEN NAME	May E. Kingley
RESIDENCE	Meridian R#II	RESIDENCE	Meridian R#II.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian Ida.

Registrar

Filed 6/10 1915 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 3 1969

DECEASED

113-119-001-556

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R# II St.

Hospital

Registration District No. 11 File No. 30786

Primary Registration District No. 2008 Registered No.

FULL NAME OF CHILD Lawrence Henry Jackson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	3rd	Yes	Apr 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry H. Jackson	FULL MAIDEN NAME	Grace V. Newsbaum
RESIDENCE	Meridian R# II	RESIDENCE	Meridian R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.

19

Filed June 10 1915 C. L. Dutton
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1956

557-114-001-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30787

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD DALE WINTOM NEGLAY ~~Negley~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		3rd	yes	Apr 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester C. ~~Negley~~ NEGLAY	FULL MAIDEN NAME	Alma E. Ellis
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Kan
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Meridian Ida

Filed 6/10 1915 C. L. Dutton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 30787

County of Valley } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Negley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 4/14/1915 (DATE OF EVENT)

in Kuna (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dale Wintom Neglay
Surname	Negley	Neglay

Subscribed and sworn to before me this 2 day of February, 19 43

Forest E. Robb, Auditor

~~Notary Public, residing at~~

By [signature] Deputy

My commission expires (SEAL)

Signed Mrs Alma E Neglay

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cascade, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Valley }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of February, 19 43

[signature]

Notary Public, residing at

My commission expires December, Valley County Idaho

(SEAL)

Signed G K Scott

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cascade Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

APR 2 6 1967

FEB 6 1943

551-106-001-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

Registration District No. 11

File No. 30788

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Lester Stum Neal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		3rd	yes	Apr 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert L. Neal	FULL MAIDEN NAME	Edith M. Wilson
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 6/10 1915 C. L. Dutton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } Certificate No. 30788

County of ..... } Date Filed .....

RECEIVED MAR 22 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lester ~~Stumm~~ Neal (Stum)?

Subscribed and sworn to before me this 22 day of March, 1971

Ezra H. Moore

Notary Public, residing at Boise

My commission expires Oct 1, 1972

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

Family Bible Record gives name as Lester Stum Neal born April 6, 1915.
Family Bible obviousl old.
Viewed by V.S.

Insurance Policy issued by the Prudential Ins. Co. gives name as Lester S. Neal.
Policy issued January 8, 1957.
Viewed by V.S.

MAR 23 1971

251-106-001-239

30789

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30789

County of Ada

City of —

No. Strawberry Glen St.

Hospital

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Donald Seaman

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	twin	1st	yes	May (Month) 6th (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	W. L. Seaman	Venona H. Strong
RESIDENCE	Strawberry Glen	Strawberry Glen
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	38 (Years)
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Boise, Idaho

Filed 5/14 1915 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 2014

251-206-001-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Strawberry Glen

Hospital

Registration District No. 11 File No. 30790

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Dorothy Seaman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	Twin	2nd	yes	May 6th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. L. Seaman	FULL MAIDEN NAME	Venona H. Strong
RESIDENCE	Strawberry Glen	RESIDENCE	Strawberry Glen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho

Filed 5/14 — 1915 C. L. Dunton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 7 1965

719-111-001-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. on Sec 28 T3N-R.1.E St.

Hospital

Registration District No. 11 File No. 30791

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Orville Lyle Parks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 11th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. C. Parks	FULL MAIDEN NAME	Ethel M. Story
RESIDENCE	Sec 28 T3N-R1.E-	RESIDENCE	Sec 28 T3N-R-1.E.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normalive at 9.50 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

19

Registrar

Filed 5/14 — 1915 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
.....	.....	Orville Lyle Parks
.....	.....	
.....	.....	

Subscribed and sworn to before me this 27
day of Feb, 19 47

Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed M C Parks,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FEB 2 2 1945

867-103-003-245

[redacted]

11-C—20m-1-1-18

PLACE OF BIRTH

County of Berwick

City of Soda Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30792

Primary Registration District No. 2048 Registered No. 107

FULL NAME OF CHILD Ernest Hopkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	June 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Hopkins	FULL MAIDEN NAME	Rosa Kuntz
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wales	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kasley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soda Springs

Ellis Kasley Registrar

Filed June 10 1915 Ellis Kasley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-108-003-494

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 30793

Primary Registration District No. 2048 Registered No. 106

FULL NAME OF CHILD Edgar Walter Largilliere, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 8, 1915

FATHER

FULL NAME Edgar Largilliere

RESIDENCE Soda Springs

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Wyoming

OCCUPATION Banker

MOTHER

FULL MAIDEN NAME Kathrine Dunlap

RESIDENCE Soda Springs

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edis Kaney

(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report.

..... 19.....

Edis Kaney
Registrar

Filed June 19, 1915

Edis Kaney
Registrar

S-Y CO. 24688

JUL 1 1949

AUG 20 1951
FEB 2 1961
FEB 10 1961

JUL 3 1942

30773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 520

1. **PLACE OF BIRTH:** (Caribou)
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice):
   Send to E. W. Largilliere Jr. Soda Springs, Ida
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Ida

4. **FULL NAME OF CHILD** Edgar Walter Largilliere, Jr.

5. **DATE OF BIRTH** (Month, day, year) June 2, 1916

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar W. Largilliere

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Evanston, Wyo.
(City or Town) (State or foreign country)

14. Exact Occupation banker

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Dunlap

17. Color or Race W

18. Age at time of THIS birth 30 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2P M. on the date and at the place stated above, and that personal particulars were furnished by Edgar W. Largilliere (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Feb. 8, 1942 (Date received) (b) Dr Russell Tingey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Hackley M.D.
Ellis Hackley, M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 2/6/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

386 - 105-003-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30794

County of Bannock

City of Downey

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2116

Registered No. 104

Hospital

FULL NAME OF CHILD John Baby Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	5 - 5 - 1915

FATHER		MOTHER	
FULL NAME	Wm Moroni Thomas	FULL MAIDEN NAME	Jane Jones
RESIDENCE	Swan Lake, Idaho	RESIDENCE	Swan Lake Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Fremont Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-9 M. on the date above stated.

(Signature) Casper W Crump

(Physician or midwife)

Address Downey Idaho.

Filed June 9 1915 Ellis Kacey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Ellis Kacey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 15-278499

221-211-003-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30795

Primary Registration District No. 2046 Registered No. 103

FULL NAME OF CHILD Karma Skaggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fm		yes	5 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	M. B. Skaggs	FULL MAIDEN NAME	Violet Williams
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lawrence, Ky	BIRTHPLACE	Pima, Arizona
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Idaho

Eric Kane Registrar

Filed June 19, 1915 Eric Kane Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 18 11 55 AM '76

State of CALIFORNIA } ss. Certificate No. 30795

County of SAN MATEO } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Karma Scaggs (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1915 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	Scaggs	Skaggs
Father's last name	Scaggs	Skaggs

Subscribed and sworn to before me this 12th day of October, 1976

Notary Public, residing at SAN MATEO, CALIFORNIA

My commission expires Dec. 5, 1976

(Seal)

Signed Karma Saxelly

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

840 4th Ave San Mateo Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.

County of SAN MATEO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of October, 1976

Notary Public, residing at SAN MATEO, CALIFORNIA

My commission expires Dec. 5, 1976

(Seal)

Signed Leslie R. Saxelly

(Signature of Any Credible Person)

840 4th St San Mateo

(Street Address, City, State)

FORM DH 60-155 CL 7/16/73 nm

Commission Expires Dec. 5, 1976

Certificate of Baptism and Confirmation gives name as Karma Skaggs daughter of Nianza Skaggs and Violet Williams born May 11, 1915 at Downey, Idaho and Baptized April 4, 1925 and Confirmed April 4, 1925.
Viewed by V.S.

Certificate of Blessing certified that Karma Skaggs daughter of Nianza Skaggs and Violet Williams born May 11, 1915 at Downey, Idaho Blessed August 1, 1915 in L.D.S. Church.
Viewed by V.S.

NOV 4 1976

612-127-003-154

PLACE OF BIRTH

AMENDED - NOVEMBER 30, 1948

County of Bannock

City of Downey

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 30796

Primary Registration District No. ____ Registered No. 102

FULL NAME OF CHILD Ralph Charles Wakley

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	5/ 27/ 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Henry Wakley	FULL MAIDEN NAME	Catherine Anderson
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Lumber Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond, M. D.

(Physician or midwife)

Address Downey, Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed June 16 1915 Ellis Kacey

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bamock

Certificate No. 30796

Date Filed June 16, 1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Wakley (Name on Original Certificate) who Was born (Was Born or Died) on 5/27/15 (Date of Event)
in Downey, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (L.D.S.) (Bible Record, Insurance Policy, Etc.) prepared on 5/27/15 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Geo. Wakley	Ralph Chas. Wakley

Subscribed and sworn to before me this 27 day of November, 1948

Notary Public, residing at Salt Lake City, Utah.
My commission expires 3-12-51
(Seal)

Signed Catherine E. Wakley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1985 8th West, Logan, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of November, 1948

Notary Public, residing at Salt Lake City, Utah
My commission expires 3-12-51
(Seal)

Signed Mary A. Woodland
(Signature of Any Credible Person)
Arimo, Idaho.
(Street Address, City, State)

NOV 30 1948

249 - 228-003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30797

Primary Registration District No. 2046 Registered No. 101

FULL NAME OF CHILD Jane Baby Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 5 (Month) 38 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Eli Smith	FULL MAIDEN NAME	Annie Loughton
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Brigham City, Ut.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

(Physician or midwife)

Address Downey, Ida.

Given names added from a supplemental report

..... 19.....

Eric Kaney Registrar

Filed June 19 1915 Eric Kaney Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-223-003-
154

Amended 11-20-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30798
Local Reg. No. 100
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oxford

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oxford

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Norma b. (Middle): c. (Last): Baker

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 23, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Geo. b. (Middle): M. c. (Last): Baker

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Oxford, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elmina b. (Middle): c. (Last): Anderson

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Clifton, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

OF BIRTH RECORD specified above, and the statements made on this certificate, and certificate shall be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

DECEASED

AFFIDAVIT

L.D.S Church Cert. of Blessing, July 4, 1915 gives full name as Norma Baker, daughter of George M. Baker and Almina Anderson, born May 23, 1915 at Oxford, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 30, 1923 gives full name as Norma Baker, daughter of Geo. M. Baker and Almina Anderson, born May 23, 1915 at Oxford, Idaho - viewed by V.S.

October [illegible], 1967

State File No. 30798
Grace Baker

[illegible];

I wish to verify [illegible], born May 23, [illegible] to [illegible] Norma Baker, July 4, 1915 and I have no knowledge of the name Grace appearing on the birth certificate filed with the State Department of Health.

Yours truly,

[illegible]

State of Idaho)
County of Franklin) ss

Signed and sworn before me this 31st day of October 1967.

Notary Public
State of Idaho

(seal)

My commission expires 8-28-71

231-219
003-143

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-[illegible]-2-15-12

30799

County of Bannock

City of Virginia

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 79

Hospital

FULL NAME OF CHILD Thelma La Grean Slater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 5 (Month) 19 (Day) 1915 (Year)
X			

FATHER		MOTHER	
FULL NAME	Jas. Lewis Slater	FULL MAIDEN NAME	Mae Juchau
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Smithfield Wh
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

(Physician or midwife)

Given names added from a supplemental report

19

Address Downey, Ida

Eric Kacey Registrar

Filed June 10, 1915 Eric Kacey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 10 1962

236-218-003-555

Amended 12-22-71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30800
Local Reg. No. 98
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Jennie
b. (Middle): Rachel
c. (Last): Bloxham

4. SEX: female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH: (Month) May (Day) 18 (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Richard
b. (Middle): T.
c. (Last): Bloxham

8. AGE (At time of this birth): 35 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kaysville, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elsie
b. (Middle):
c. (Last): Henderson

13. AGE (At time of this birth): 30 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Clifton, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Downey, Idaho
20. DATE SIGNED: June 10, 1915
21. DATE REC'D BY LOCAL REG.: June 1[illegible], 1915
22. REGISTRAR'S SIGNATURE: Ellis Kackly
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

...ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

12-3-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 22 1971 Bureau of Vital Statistics

State of .....
ss.
County of .....

Certificate No. 30800

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ecwin Bloxham (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1915 (Date of Event)
in Downey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Baby Edwin Bloxham	Jennie Rachel Bloxham
Sex of child	Male	Female

Subscribed and sworn to before me this 3rd day of ....., 19 ..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
ss.
County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of December, 19 71

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Thomas D Bloxham
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

C Corresp. ICPpd rec #27548

Marriage License and Certificate issued Feb. 8, 1935 by Anna Keefe; Ex-Officio Rec. in Bannock County, Idaho. Gives name of groom as Gerald Hendricks and Bride as Jennie Rachel Bloxham. Married Feb. 8, 1935.
Viewed by V.S.

Record of Blessing issued by the Ward Clerk of the Custodian of Church Records, L.D.S.Church. gives name as Jennie Rachel Hendricks born May 18, 1915 at Downey, Bannock, Idaho. Date of Original Record (Blessing) August 8, 1915 Father Richart T. Bloxham and Mother Elsie Henderson. Robert Smith Ward Clerk.
Viewed by V.S.

386-106-003-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 30801

Primary Registration District No. 2046 Registered No. 97

FULL NAME OF CHILD Vandor Edwin Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 6 1915

FATHER		MOTHER	
FULL NAME	John Edwin Thompson	FULL MAIDEN NAME	Nancy Helving Christensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Blackfoot Ida	BIRTHPLACE	Hooper Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul Md

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey Ida

Eric Kaney Registrar

Filed June 19 1915 Eric Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 0 9 1994

L. B.

29-106-003-249

PLACE OF BIRTH

County of Davis

City of Soda Springs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

30802

Registration District No. 11 File No. _____

Primary Registration District No. 2448 Registered No. 105

FULL NAME OF CHILD James Byington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	June 6, 1913

FATHER

FULL NAME James Byington

RESIDENCE Dingle

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Ut

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Smith

RESIDENCE Dingle

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ut

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:15 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kane
(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report.

_____ 19__

Ellis Kane
Registrar

Filed June 10 1913 Ellis Kane
Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13 19-119-003-897

PLACE OF BIRTH

County of Bonock

City of Bancroft

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 30803

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Gorrange Carbett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) May (Day) 19 (Year) 1915
NB				

FATHER		MOTHER	
FULL NAME	Joseph Fredrick Carbett	FULL MAIDEN NAME	Louisa G. Higgenson
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chesterfield Ida	BIRTHPLACE	Chesterfield Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed May 1915 Dr. R. J. Smith
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 20 [illegible]

[illegible]ACE OF BIRTH

County of [illegible]

395-221-003-123

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30804

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ezra Pearl Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂				March 21 1915

FATHER

FULL NAME Reed Green

RESIDENCE Bancroft Ida

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Spanish Fork

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah E Easton

RESIDENCE Bancroft Ida

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Bancroft Ida

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) ~~Reed Easton~~ D. R. J. Smith

(Physician or midwife)

Address .....

Filed April 19 15 D. R. J. Smith Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CREER

WHICH DOB IS CORRECT HOLD
DUP OF 1915-30665

294-226-003-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30807

County of Bonack

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Grace Simons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 26 (Month) April (Day) 1915 (Year)
G			

FATHER		MOTHER	
FULL NAME	Joseph E Simons	FULL MAIDEN NAME	Bertha Viola Gorge
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Bountiful	BIRTHPLACE	Bountiful
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed April 1915 D. R. J. Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-106-003-356

PLACE OF BIRTH

Form V. S. No. [illegible] 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30808

County of Bonneville

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Merle ~~Raymond~~ LEWIS Cornelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B			June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eyra Everett Cornelson	FULL MAIDEN NAME	Ersal Loretta Lewis
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Ida
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Robin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 62

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 15 1915 D. R. Smith Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF
1915-399567

Dup. # 1915.399567

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Fort Hall, Ida

4. FULL NAME OF CHILD Merle Lewis Cornelison

5. Date of Birth of Child (Month, day, year) 6/6/15

6. Sex Male

7. Twin or Triplet /

If so, born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ezra Everett Cornelison
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Greensboro (City or town) North Carolina (State or foreign country)
14. Exact Occupation
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ersal Arretta Lewis
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Merchant

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Dr. J.H. Smith (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ersal Arretta Lewis Cornel Signature

P.O. 5 Fort Hall, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [illegible], Registrar.

36 82 815

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3692071 003285

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Banock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 30805

Registered No. .....

FULL NAME OF CHILD Laura Cornelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May 7 (Day) 1915 (Year)
G			

FATHER		MOTHER	
FULL NAME	[illegible] Cornelson	FULL MAIDEN NAME	Dorelene Kynaston
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Bountiful
OCCUPATION	Barmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 19 15 [signature]

Registrar

Registrar

9-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1946

STATE OF IDAHO
[illegible]TMENT OF PUBLIC WELFARE
[illegible]EAU OF VITAL STATISTICS

[illegible]TIFICATE OF BIRTH

[illegible]CE OF BIRTH
Co[illegible]nnock
City of Bancroft
No. [illegible] District No. [illegible] State File No. 30806

[illegible] hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

[illegible] NAME OF CHILD Frances Madeline Smith

3. Sex Female	If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth May 8, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alonzo H. Smith	18. Full maiden name Bertha M. Rock
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race Wh | 12. Age at last birthday 47 (years)	20. Color or race Wh | 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Tolono Illinois	22. Birthplace (city or place) (State or Country) Sadorus Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alice Aston - Midwife, M. D.
or Alice Aston Midwife
Address D. R. J. Smith

Give name added from supplemental report .....

(Date of) June 1915, 193.. D. R. J. Smith
Registrar.

LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of [illegible] at birth a Separate Return must be made for each, and the number of each, [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-104-003-921

Form V. S. No. 11-C--25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Lund

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 30809

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Louis Isaac Willson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
NB			June 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M Wilson	FULL MAIDEN NAME	Emley F Isaacson
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Switzland	BIRTHPLACE	Switzland
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed JUNE 1915 D. R. Smith

Registrar

Registrar

S-Y CO. 24655

Z - WILSON

D4D061915-304739

793-05-032-449

[redacted]CE OF BIRTH

[redacted] Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 30810

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD Mary Frances Gillimore

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	Other	3rd	yes	Jan (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel D Gillimore	FULL MAIDEN NAME	Novella B. Murfley
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Va.	BIRTHPLACE	N. C.
OCCUPATION	Mail Service	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Shoshone Ida

Filed 2/8 1915 C. F. Zeller

Registrar

Registrar

S-Y CO., 16869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

54-39:032.462

CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

30811

County of Lincoln

City of Dietrich

Registration District No. 16 File No.

No. St.

Primary Registration District No. 2016 Registered No.

Hospital

FULL NAME OF CHILD Merald Samuel Van Winkle

Sex of Child	Twin, Triplet or other? (To be answered only in cases of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 7 1915

FATHER	MOTHER
FULL NAME Clarence Eugene Van Winkle	FULL MAIDEN NAME Austa adella Moses
RESIDENCE Dietrich Ida.	RESIDENCE Dietrich Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Lyonsville Pa	BIRTHPLACE Jefferson Ohio.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 45 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall M.D.

Physician

(Physician or midwife)

Address Dietrich Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

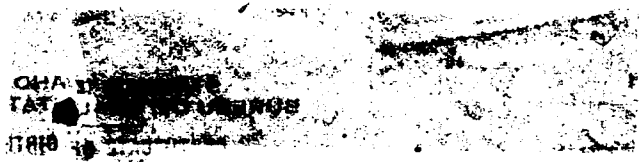
Filed June 16 1915 J. L. Jones Registrar

S-Y CO. 24682

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 2 0 19

753-18-032-691
Amended 2-3-69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shoshone

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lincoln

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shoshone

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Fayette (Middle): Warren c. (Last): Peck

4. SEX: Male

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): February 18, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Lewis b. (Middle): A. c. (Last): Peck

8. AGE (At time of this birth): 19 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Pearl b. (Middle): c. (Last): Franklin

13. AGE (At time of this birth): 16 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Colorado

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. F. Zeller

19. ADDRESS: Shoshone, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-19-15

22. REGISTRAR'S SIGNATURE: C. F. Zeller

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JAN 27 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30812

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Fayatte Warren Peck (Name on Original Certificate) who was born (Was Born or Died) on February 18, 1915 (Date of Event) in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Fayatte Warren Peck	Fayette Warren Peck
Sex of Child	Female	Male

Subscribed and sworn to before me this 3rd day of January, 1969

Notary Public, residing at Pocatello, Idaho

My commission expires 8-15-70

(Seal)

Signed X [illegible] (wife)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

RM DH 60-155

L 12-3-68. one copy pd. rec. #3650

Photo copy of Marriage License, State of Idaho, County of Lincoln, married June 15, 1934, gives name of groom as Fayette Peck and name of bride as Nelda Dayley - viewed by VS.

FEB 3 1969

Own Child's Birth Certificate on file (Idaho Birth), #238965, gives name of father as Fayette Warren Peck ~~and~~ - viewed by VS.

4/15·220·032-235

PLACE OF BIRTH

Form V. S. No. 11—16m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5

File No. 30813

No. ..... St.

Primary Registration District No. 2016

Registered No. .....

Hospital Home

FULL NAME OF CHILD Evelyn Ruth Hawes

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)		1st	yes	Feb 20 1915

FATHER	MOTHER
FULL NAME Wm. H. Hawes	FULL MAIDEN NAME Josephine Sterrett
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho.
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 Lb P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zellers

M.D.
(Physician or midwife)

Address Shoshone

Given names added from a supplemental report

..... 19.....

Filed 2/25 1915 C. F. Zellers

..... Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-201-03 Amended 4/27/73

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Marley

Registration District No. 5

File No. 30814

No. ..... St.

Primary Registration District No. 2016

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Emeline Johnson

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	None	8th	yes	May 1 1913

FATHER	MOTHER
FULL NAME Lewis J. Johnson	FULL MAIDEN NAME Ida Tucker
RESIDENCE Marley Idaho	RESIDENCE Marley
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE North Carolina
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zellers M. D.
(Physician or midwife)

Address Shoshone

Given names added from a supplemental report

..... 19.....

Filed 2/5 19 15 C. F. Zellers
Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 3 10 48 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 30814

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Johnson (Girl) (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1915 (Date of Event)
in Marley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Edna Emeline Johnson
Birth date	March 2, 1915	March 1, 1915

Subscribed and sworn to before me this 30 day of October, 19 72

Notary Public, residing at .....
My commission expires .....
(Seal) Clerk District Court

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 19 72

Notary Public, residing at .....
My commission expires .....
(Seal) Clerk District Court

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/3/72

Certificate od Members hip to the LDS Church gives name as Edna E. Meline Johnson born March 1, 1915. Was Blessed July 4, 1915. Father's name given as Louis J. Johnson and Ida Tucker. Viewed by V. S.

NOV 29 1972

Children's Bureau Weighing and Measurine Test gives name as Edna E. Johnson. Born March 1, 1915. Date of Examination Sept. 21, 1918. Viewed by V. S.

Richfield High school Diploma gives name as Edna Emeline Johnson, Dated May 13, 1932. Viewed by V. S.

APR 27 1973

PLACE OF BIRTH Amended Aug. 13, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

760-224.032-493

County of Lincoln

City of Richfield

No. ____ St.

Registration District No. 16 File No. 30815

Hospital ____ Primary Registration District No. 2016 Registered No. ____

FULL NAME OF CHILD GRACE MAE POWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	3	yes	3 24 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Frederick Wilson Powell	FULL MAIDEN NAME	Retta Vetura Milfes
RESIDENCE	Richfield, Idaho	RESIDENCE	Richfield, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Civil Bend, Mo.	BIRTHPLACE	Civil Bend, Mo.
OCCUPATION	farmer	OCCUPATION	farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) W. L. Barbour

physician
(Physician ~~or midwife~~)

Address Richfield, Idaho

Filed June 18 1915 J. L. Fuier
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lincoln }

Certificate No. 30815

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Grace May Powell (Name on Original Certificate) who born (Was Born or Died) on 3/24/1915 (Date of Event) in Richfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Gracie May Powell	Grace Mae Powell

Subscribed and sworn to before me this 25th day of July 1951

Leo B Bruce

Notary Public, residing at Richfield, Idaho

My commission expires July 6, 1953

(Seal)

Signed Retta V Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Richfield, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July 19 51

Leo B Bruce

Notary Public, residing at Richfield, Idaho

My commission expires July 6, 1953

(Seal)

Signed Ird W Powell
(Signature of Any Credible Person)

Richfield, Idaho
(Street Address, City, State)

FORM DPH - 51117

553-220-032-695

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ~~Dietrich~~ Lincoln

City of Dietrich

Registration District No. 5

File No. 30816

No. ....., ... St.

Primary Registration District No. 2016

Registered No. .....

Hospital Home

FULL NAME OF CHILD Shirley Elaine Nelson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	other (To be answered only in event of plural births)	1st	yes	Apr. (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis N. Nelson	FULL MAIDEN NAME	Bell C. Winjum
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Clerical	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D. (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Shoshone

Filed 4/20 1915 C. F. Zeller

Registrar

Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 2 1942

MAR 1 1 1969

215-102-032-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-3-15-12

County of Lincoln

City of Shoshone

Registration District No. 5

File No. 30817

No. ..... St.

Primary Registration District No. 2016

Registered No. .....

Hospital Home

ROY EDWIN

FULL NAME OF CHILD Baby J. H. Baucke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	oth		3rd	yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. H. Baucke	FULL MAIDEN NAME	Laura Sleasman
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M-D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shoshone, Ida.

Filed 5/3 1915 C. F. Zeller
Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 21 1951

PLACE OF BIRTH

DEC 13 195

753-[redacted]

PLAC[redacted]

[redacted]rm V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

30818

County of Lincoln

City of Richfield

Registration District No. 16 File No.

No. , St.

Primary Registration District No. 2016 Registered No.

Hospital

FULL NAME OF CHILD Edna Christine Petersen

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	3	Yes	Mar. 29, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam. N Petersen	FULL MAIDEN NAME	Ruth Roberts
RESIDENCE	Richfield, Ida.	RESIDENCE	Richfield, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Odense, Denmark	BIRTHPLACE	Longmont, Colo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Barbour

physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Richfield, Idaho

Filed June 18 1915 J L Fuller Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

DECEASED

168-20 032-389

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Marley

No. ..... St.

Hospital Home

Registration District No. 5

File No. 30819

Primary Registration District No. 2016

Registered No. .....

FULL NAME OF CHILD WILLARD LeROY Baby Oscar Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Twin	2nd	yes	June 5, 1915

FATHER	MOTHER
FULL NAME Oscar L. Johnson	FULL MAIDEN NAME Ester Leverne Chidester
RESIDENCE Marley	RESIDENCE Marley
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

(Signature) Chas. F. Zeller

M. D.

(Physician or Midwife)

Address Shoshone

Filed June 6 1915 C. F. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lincoln } ss.

Certificate No. 30819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Willard LeRoy Johnson (Name on Original Certificate) who was born (Was Born ~~or Died~~) on June 5 - 1915 (Date of Event)
in Marley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Oscar	Willard LeRoy Johnson

Subscribed and sworn to before me this 29
day of October, 1942
L B Brush
Notary Public, residing at Richfield, Ida
My commission expires Nov. 11, 1944
(Seal)

Signed O P Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Richfield, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of October, 1942
L B Brush
Notary Public, residing at Richfield, Ida
My commission expires Nov 11, 1944
(Seal)

Signed L Aaron Johnson
(Signature of Any Credible Person Other Than Previous Year)
Richfield, Idaho
(Street Address, City, State)

NOV 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-212-032-717

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30820

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD Joe Lecetia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mitchell Lecertia	FULL MAIDEN NAME	Juliette Pagoaga
RESIDENCE	Shoshone	RESIDENCE	Shoshone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rooming House	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician or Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 16 1915 J L Turner
Registrar

Registrar

S-Y CO. 24655

912-123-005-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32 File No. 30860

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Allie Rabidoux

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J Allie Rabidoux	FULL MAIDEN NAME	Emma Thatcher
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn.	BIRTHPLACE	Wisconsin
OCCUPATION	Lath Sawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 26 1915 H. L. Mulcahy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

345-119-005-415

PLACE OF BIRTH

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 30863

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Dortha Bell Buell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 19 1915

FATHER		MOTHER	
FULL NAME	Frank Buell	FULL MAIDEN NAME	Vie Mannon
RESIDENCE	St Joe	RESIDENCE	St Joe Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. N. Leete

St Joe Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 24 1915 W. L. Mulcahy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 15 1974

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

39 [redacted] 033—281

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Teton

Registration District No. 77

File No. 30864

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD Luella Little

Sex of Child female | Twin Triplet or other? | and | Number in order of birth 2 | Legitimate? yes | Date of Birth June 7 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Edwin Curtis Little

RESIDENCE Teton Idaho

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Salt Lake City

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida May Dolan

RESIDENCE Teton

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Dorothy M.D.

(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

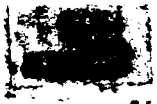
..... 19.....

Filed May 10 1915

..... Registrar

S-Y CO. 24655

..... Registrar



AUG 24 1964

259-125-033-815

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30865

County of Madison

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

File No. .....

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD Baby Kersley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mail		yes	May (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Arrowsmith Kersley	FULL MAIDEN NAME	Mary Ann Hanson
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Orderville Utah	BIRTHPLACE	Snowville Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. O B Curtis

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed May 30 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-12 [redacted] 434

Form V. S. No. 11-C—25m-1-1-18

PLAC[redacted]
Name added [redacted]
2/7/78 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Bates

Registration District No. 77

File No. 30866

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Arnold Walter Kunz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	May 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Wm Kunz	FULL MAIDEN NAME	Nora McMurdie
RESIDENCE	Bates - Idaho	RESIDENCE	Bates - I
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was form alive at 6 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs Idaho

Filed May 30 1915

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 11 2 24 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30866

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kunz (male) (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1915 (Date of Event)

in Bates, Idaho (Teton) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Arnold W. Kunz (Walter)

Subscribed and sworn to before me this 23 day of Nov, 19 77

Agnes S Keatley

Notary Public, residing at Victor Id

My commission expires Feb 21, 1979

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Victor, Id 83455
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Dec, 19 77

Agnes S Keatley

Notary Public, residing at Victor Id

My commission expires Feb 21, 1979

(Seal)

Signed .....
(Signature of Any Credible Person)

R.F.D #1 Victor, Id.
(Street Address, City, State)

FORM DH 60-155

CE 11/21/77

FEB - 8 1978

Statement by Charles A. Parsons, Victor 2nd Ward Clerk regarding records of the LDS Church, Victor LDS Ward, Teton Stake, Victor, ID gives: Arnold Walter Kunz son of Walter W. Kunz and Nora McMurdie born 28 May 1915 at Bates, Teton Co., Idaho was blessed 21 July 1915 and baptized 16 June 1923. -- viewed by V.S.

copy of application for insurance dated June 22, 1959 at Victor, Idaho, Ned E. Stevens, Agent, gives name as Arnold Walter Kunz. -- viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-225-C03

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30867

County of Madison

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 77

File No. _____

Primary Registration District No. 2776

Registered No. _____

FULL NAME OF CHILD Harley E. Harlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	May 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bliner Harlow	FULL MAIDEN NAME	Lydia Mahune
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illionoise	BIRTHPLACE	Illionoise
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs

Filed May 20 1915

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 30867
County of Lemhi } Date Filed AUG 24 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Harley Harlow (Name on Original Certificate) who was born (Was Born or Died) on May 25th, 1915 (Date of Event) in Tetonia Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Army Serial No. 39918841 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Harlow	Harley E. Harlow
Birth date	May 24, 1915	May 25, 1915

Subscribed and sworn to before me this 21st day of August, 1945.
W. D. Simmonds
~~Notary Public residing at~~
~~My commission expires~~ Clerk of the District Court, Lemhi Co. Idaho
(Seal)

Signed Leta Harlow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Salmon, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Lemhi }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21. day of August, 1945.
W. D. Simmonds
~~Notary Public residing at~~
~~My commission expires~~ Clerk of the District Court
(Seal) Salmon, Idaho.

Signed Wilma D. Bolander
(Signature of Any Credible Person)
Salmon, Idaho
(Street Address, City, State)

AUG 30 1945

218-221-033-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30868

County of Madison

City of Driggs

No. ..... St.

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gazette Dayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5/21/15

FATHER		MOTHER	
FULL NAME	Chas E Dayer	FULL MAIDEN NAME	Chas E Dayer
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Rigby Ida	BIRTHPLACE	Stadrichshayden Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Dart MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 30 1915

..... Registrar

S-Y CO. 24698

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1971

NO MUTTER SAYRE
SAYER

194-104033-845

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Tetonia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 30869

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	May 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ralph Purl Cordon	FULL MAIDEN NAME	Bellnorah Hunter
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Willard City Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 10 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-230-033-113

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 30870

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Female	Twin Triplet or other? Single and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Apr 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion W Butler	FULL MAIDEN NAME	Ethel E [illegible]
RESIDENCE	3 miles North of Driggs	RESIDENCE	North of Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Born [illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 1 1915 [illegible]

..... Registrar ..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544-12603 3-813

PLACE OF BIRTH

544-12603 3-813

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B
30871

Registration District No. 21 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD LISLE HALES EDDINGTON and LEO LITTLEFIELD EDDINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twins		Yes	Aug 26 1915

FATHER		MOTHER	
FULL NAME	Elijah Eddington	FULL MAIDEN NAME	Effie Hall
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Morgan Co Utah	BIRTHPLACE	Morgan Co, Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Born alive at 7:15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Born M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 1 1915

..... Registrar

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2- A+B Twins

Also See Twins - 1915 - 30871 B
Dup. # 1915.30963

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 30871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (refer to certificate No. 30871) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 27, 1915 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Names	Unnamed	Lisle Hales Eddington
		Leo Littlefield Eddington

(Please give full name of each twin, as there is only one record for both)

Subscribed and sworn to before me this 12th day of January, 1943.

Signed Mary Eddington
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Salt Lake City, Utah

My commission expires 2-12-1943
(SEAL)

1888 So. E. Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1943.

Signed Alvin T. Eddington
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Salt Lake City, Utah

My commission expires 2-12-1943
(SEAL)

4044 South 13 East
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 3 1975

FEB 25 1943

FEB 26 1943

544-12603 3-813

PLACE OF BIRTH

544-12603 3-813

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B
30871

Registration District No. 21 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD LISLE HALES EDDINGTON and LEO LITTLEFIELD EDDINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twins		Yes	Aug 26 1915

FATHER		MOTHER	
FULL NAME	Elijah Eddington	FULL MAIDEN NAME	Effie Hall
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Morgan Co Utah	BIRTHPLACE	Morgan Co, Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Born alive at 7:15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Born M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 1 1915

..... Registrar

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2- A+B Twins

Also See Twins - 1915 - 30871 B
Dup. # 1915.30963

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 30871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (refer to certificate No. 30871) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 27, 1915 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Names	Unnamed	Lisle Hales Eddington
		Leo Littlefield Eddington

(Please give full name of each twin, as there is only one record for both)

Subscribed and sworn to before me this 12th day of January, 1943.

Signed Mary Eddington
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Salt Lake City, Utah

My commission expires 2-12-1943
(SEAL)

1888 So. E. Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1943.

Signed Alvin T. Eddington
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Salt Lake City, Utah

My commission expires 2-12-1943
(SEAL)

4044 South 13 East
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 3 1975

FEB 25 1943

FEB 26 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864,00-033-662

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 30872

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	1	yes	191.5

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Otis Young	FULL MAIDEN NAME	Ruth Judith Fosbray
RESIDENCE	Driggs - I	RESIDENCE	Driggs - I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mapleton - Iowa	BIRTHPLACE	Norway
OCCUPATION	Juweller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Jacoby M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed May 20 1915

..... Registrar

..... Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-210-033-8913

PLACE OF BIRTH

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30873

County of Madison

City of Jetonia

No. _____ St.

Hospital _____

Registration District No. 77 File No. _____

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Baby Mickelsen

Sex of Child female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 16 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	Peter Mickelsen	FULL MAIDEN NAME	Hannah Hill
RESIDENCE	Jetonia	RESIDENCE	Jetonia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Petersboro Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Rummell

(Physician or midwife)

Address Driggs

Filed May 20 19 15

Registrar

S-Y CO. 24655

281-228-006-213

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Hyde add St.

Hospital

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30874

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 62

FULL NAME OF CHILD Unnamed Shaffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 28 1905

FATHER

FULL NAME Glen Temple Shaffer

RESIDENCE Blackfoot, Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Colorado

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Sylvia Leona Baldwin

RESIDENCE Blackfoot, Ida

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed May 4 19 15 M. E. Patrie
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-105-006-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30875

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 63

FULL NAME OF CHILD ~~Hammond~~ Florien Callister.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter S. Callister	FULL MAIDEN NAME	Grace Inez Carson
RESIDENCE	Blackfoot Idaho R+D#1	RESIDENCE	Blackfoot RD #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed May 5 1915 W E Patrick
Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-111-006-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30876

Primary Registration District No. 2194 Registered No. 64

FULL NAME OF CHILD Unnamed - Hofer Thomas Wesley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	April 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Hofer	FULL MAIDEN NAME	Sarah Louisa Barnard
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed May 5 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-219-006-659

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, RD#4

Registration District No. 121 File No. 30877

No. ..... St.

Primary Registration District No. 2194 Registered No. 65

Hospital .....

FULL NAME OF CHILD Unnamed Wheeler Dora

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Apr 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Wheeler	FULL MAIDEN NAME	Ida Weierman
RESIDENCE	Blackfoot RD#4	RESIDENCE	Blackfoot RD#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:55 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed May 5 1915 M E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1960

243-228-006-792

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 110 W Idaho St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30878

Primary Registration District No. 1007 Registered No. 66

Phyllis Gibbs

FULL NAME OF CHILD Mommamed Butcane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	yes	4 28 1915

FATHER		MOTHER	
FULL NAME	Roy Butcane	FULL MAIDEN NAME	Alice Matilda Gibbs
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Portage, Utah
OCCUPATION	Car Repairer O S L Ry	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Hoover

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Apr 30 1915 H. E. Patrick

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

SEP 26 1967

769.221.006-157

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Bingham

City of Riverside

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30879

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 67

FULL NAME OF CHILD Hannah Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	yes	4 21 1915

FATHER		MOTHER	
FULL NAME	Royal Ernest Porter	FULL MAIDEN NAME	Mary Argle
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Hoover

(Physician or midwife)

Address Blackfoot, Ida

Filed Apr 30 1915 W. E. Patrie Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 30879

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Porter (female) (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1915 (Date of Event)

in Riverside, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Hannah Porter

Subscribed and sworn to before me this 28th day of December, 1973

[signature]

Notary Public, residing at Jerome, Idaho

My commission expires 2-6-76

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heritage Home Jerome Idaho 83338

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of December, 1973

[signature]

Notary Public, residing at Jerome, Idaho

My commission expires 2-6-76

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Jerome Idaho 83338

(Street Address, City, State)

FORM DH 60-155 CL 12/18/73

Certificate of Baptismand Confirmation from M LDS Church gives name as Hannah Porter daughter of Royal E. Porter and Mary Argyle. Born April 21, ~~xxx~~ 1915 at Riverside, Idaho. Was Baptized June 8, 1923. viewed by V. S.

OCT 28 1974

Certificate of Membership gives name as Hannah Porter Nielson born April 1, 1915 at Rich, Idaho. Blessed Oct. 3, 1915. father's name given as Royal E. Porter and the mother's name as Mary Argyle. viewed by V. S.

769-128-006-844

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD#4

Registration District No. 121

File No. 30880

No. ..... St.

Primary Registration District No. 2194

Registered No. 68

Hospital .....

FULL NAME OF CHILD ~~Unnamed~~ Going, Gerald

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Apr 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Bertram Going	FULL MAIDEN NAME	Ella Humphreys
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Ida.

Filed May 5 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A FERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-129-006-235

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

30881

PLACE OF BIRTH

County of Bingham

City of Blackfoot R.D. #

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 69

Hospital

FULL NAME OF CHILD Unnamed Herbst Mrs Farrell

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Herbst	FULL MAIDEN NAME	Mable Stevenson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beach

Physician (Physician or midwife)

Address Blackfoot Ida

Filed May 3 1915 W. E. Bates Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-101-006-465

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD#4

Registration District No. 121

File No. 30882

No. ..... St.

Primary Registration District No. 2194

Registered No. 70

Hospital .....

FULL NAME OF CHILD Jennings Woodrow Bartlett

Sex of Child Male

Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Bartlett	FULL MAIDEN NAME	Laura May Montague
RESIDENCE	Blackfoot RD#4	RESIDENCE	Blackfoot, RD#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Teaching	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed May 5 1915 M. E. Patrick Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-220-006-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. No. Main St.

Hospital

Registration District No. 121 File No. 30883

Primary Registration District No. 2194 Registered No. 71

FULL NAME OF CHILD Opal Nora Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	3-20-1915

FATHER		MOTHER	
FULL NAME	Franklin Albert Foster	FULL MAIDEN NAME	Georgia Ellen Wilde
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas, U.S.A	BIRTHPLACE	Idaho, U.S.A
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Hoover

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Apr 10 1915 Wm. E. Patrick Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-101-006-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Black foot

No. Between Rivers St.

Hospital

Registration District No. 121

File No. 30884

Primary Registration District No. 2194

Registered No. 72

FULL NAME OF CHILD Edwin Julius Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	April 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A. Clark	FULL MAIDEN NAME	Lydia Bertha Badue
RESIDENCE	Black foot	RESIDENCE	Black foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Black foot Idaho

Registrar

Filed Apr 15 1915 W E Patrick
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

416-217-006215

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Black Foot

No. Dipple add St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30885

Primary Registration District No. 1007 Registered No. 73

FULL NAME OF CHILD Margaret Lodiska Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 17 1915

FATHER		MOTHER	
FULL NAME	Clarence W Dawson	FULL MAIDEN NAME	Nellie Sanders
RESIDENCE	Black Foot,	RESIDENCE	Black Foot,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Address Black Foot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 25 1915

..... Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

962-112-006-639

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30886

County of Bingham

City of Blackfoot, RD#4 Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 74

Hospital

FULL NAME OF CHILD Elijah Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham Robinson	FULL MAIDEN NAME	Matilda Olverson
RESIDENCE	Blackfoot RD#4	RESIDENCE	Blackfoot RD#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed May 17 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-107-006-493

PLACE OF BIRTH

Form V. S. No. 1-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. out of Limits St.

Hospital No

Registration District No. 121

File No. 30887

Primary Registration District No. 2194

Registered No. 75

FULL NAME OF CHILD Charles ~~Banard~~ BERNAT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 7 1915

FATHER		MOTHER	
FULL NAME	Anton ~~Banard~~ BERNAT	FULL MAIDEN NAME	Fani Micka
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Blacksmidt	OCCUPATION	Housewife

Number of child of this mother, including present birth: fife

Number of children of this mother now living, including present birth: fife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed May 26 1915 M E Tatrie Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 30887

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Charles Bernat (Birth or Death) for Charley Banard (Name on Original Certificate) who (Was Born or Died) on May 7, 1915 (Date of Event) in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charley	Charles
Surname	Banard	Bernat

Subscribed and sworn to before me this 13th day of March, 1943

Leon F. Chapman
Notary Public, residing at Blackfoot

My commission expires April 6 - 1946
(Seal)

Signed Fanni Bernat
Anton Bernat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1943

Leon F. Chapman
Notary Public, residing at Blackfoot

My commission expires April 6 - 1946
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

Mrs Kate C. DeKay
268 N. Neh St. Blackfoot Ida.

mar - 5 1943

MAR 16 1949

365-208-006-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No 3 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30888

Primary Registration District No. 2194 Registered No. 76

Rocine

FULL NAME OF CHILD De Loris Conkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	5 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elba Conkle	FULL MAIDEN NAME	Myrtle Walters
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address

Filed May 20 1915 W. E. Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1952

791-119-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

No. _____ St.

Hospital _____

Registration District No. 121 File No. 30890

Primary Registration District No. 2194 Registered No. 78

FULL NAME OF CHILD Warren Thomas Gravatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Wesley Gravatt	FULL MAIDEN NAME	Nellie Elizer Parsons
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot Bingham Co R 72

Filed May 29, 19__ W. E. Tahio
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

253-120-006-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 343 University St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30892

Primary Registration District No. 1007 Registered No. 80

FULL NAME OF CHILD Charles Leland Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1915

FATHER

FULL NAME Wilford Wm. Beck

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Newton Utah

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Emma Johnson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Salt Lake Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 15 1915 M. E. Petric
Registrar

S-Y CO. 24659

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 29 1942

893-131-006-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD #3

Registration District No. [redacted]21

File No. 30893

No. _____ St.

Primary Registration District No. 2194

Registered No. 81

Hospital _____

FULL NAME OF CHILD Unnamed Hill Merlin Gerald

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Hill	FULL MAIDEN NAME	Emma F. Wheeler
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot, Idaho

Filed June 1 19 15 W E Patrie Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

MAR 21 1974

255-101-006-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD #4

Registration District No. 21

File No. 30894

No. _____ St.

Primary Registration District No. 2194

Registered No. 82

Hospital _____

FULL NAME OF CHILD Hosket Arden Benson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. Andrew Benson	FULL MAIDEN NAME	Ida England
RESIDENCE	Blackfoot RD #4	RESIDENCE	Blackfoot RD #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	County Treasurer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot, Idaho

Filed June 1 1915 M. E. Patrie

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-124-006-459

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. 30895

Primary Registration District No. ~~121~~ 2194

Registered No. 83

FULL NAME OF CHILD ~~[illegible]~~ Charles Vern Hancock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vern Hancock	FULL MAIDEN NAME	Luella Merrell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed June 1 1915 W E [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1944

JAN 2 1944

466-203-006-343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD # 3

Registration District No. 121

File No. 30896

No. ..... St.

Primary Registration District No. 2194

Registered No. 84

Hospital .....

FULL NAME OF CHILD Unnamed Moore Fern

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip Richard Moore	FULL MAIDEN NAME	Myrtle Lutz
RESIDENCE	Blackfoot, RD # 3	RESIDENCE	Blackfoot, RD # 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jan 21 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

814-108-006-845

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goverland

No. ..... St.

Hospital .....

Registration District No. 121 File No. 30897

Primary Registration District No. 2194 Registered No. 85

FULL NAME OF CHILD Clifford H. Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. W Hammond	FULL MAIDEN NAME	Edna Hunter
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 1 1913 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

433-217-006-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rimball

No. ..... St.

Hospital .....

Registration District No. 121 File No. 30898

Primary Registration District No. 2194 Registered No. 86

FULL NAME OF CHILD Ella May Ultican

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm P. Ultican	FULL MAIDEN NAME	Ella La More
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot, Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 21 1915 W. E. Patrick
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1960

855-214-006-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 224 East Cent St.

Hospital

Registration District No. 121 File No. 30899

Primary Registration District No. 1007 Registered No. 87

FULL NAME OF CHILD Josephine Henish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Henish	FULL MAIDEN NAME	Mary Barnett
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed June 1 1915 W. E. Patrick
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-1191006-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Porterville

No. ..... St.

Hospital .....

Registration District No. 121 File No. 30900

Primary Registration District No. 2194 Registered No. 88

FULL NAME OF CHILD Preston Gardner Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Farley P. Price	FULL MAIDEN NAME	Hazel Gardner
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 1 1915 W. E. Patrick
Registrar

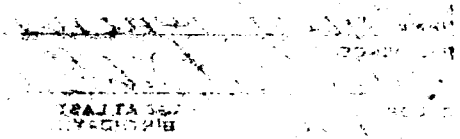
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



412-105-006-523

PLACE OF BIRTH amend 2-16-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30901

County of Bingham

City of Blackfoot RD #3

Registration District No. 121

File No.

No. St.

Primary Registration District No. 2194

Registered No. 84

Hospital

FULL NAME OF CHILD Fendon Mason

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Geo. Mason	FULL MAIDEN NAME	Laura Louila Estep
RESIDENCE	Blackfoot, RD #3	RESIDENCE	Blackfoot RD #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~[illegible]~~ Born alive at 6:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed June 1 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1969

1-20-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 30901
Date Filed _____

FEB 3 1983

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wilford Lendon Mason (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 5, 1915 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Wilford Lendon Mason	Fendon W. Mason

Subscribed and sworn to before me this 28th day of January, 1983
Notary Public, Alta M Robinson
Residing at Medford Oregon
My commission expires Sept 19, 1983
(Seal)

Fendon W. Mason
Signature of Applicant
[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of January, 1983.
Notary Public, Alta M Robinson
Residing at Medford Oregon
My commission expires Sept 19, 1983
(Seal)

Richard B. Gunnaway
Supporting Signature
6355 Rogue River Dr. Shady Cove, Or.
Street Address, City, State

Dec pd

Certificate of award Home Reading gives Fendon Mason of School District No 41 was given award in 8th grade on May 18, 1932. Viewed by V.S.

Report Card for School Year 1931 District No 41 Gooding County Idaho gives Fendon Mason as student. Viewed by V.S.

FEB 16 1983

394-[illegible]-419

PLACE OF BIRTH

Form [illegible] No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. No Shilling

Hospital

Registration District No. 121 File No. 30902

Primary Registration District No. 1007 Registered No. 51

FULL NAME OF CHILD PATTIE MEDORA ~~Unnamed~~ Crutchfield.

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth March 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Sterling Crutchfield	FULL MAIDEN NAME	Genevieve Martin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Apr 5 1915 M. E. Patrie
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Elmore } ss.

Certificate No. 30902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pattie Medora Crutchfield (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1915 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 17, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Pattie MedoraCrutchfield

Subscribed and sworn to before me this 8th
day of Aug, 1942

Notary Public, residing at Glenns Ferry Ida

My commission expires 1-18-1944
(Seal)

Signed Genevieve Crutchfield (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Glenns Ferry Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of August, 1942

Notary Public, residing at Clerk of District Court in
My commission expires and for Minidoka County, Idaho
(Seal)

Signed Mary Medora Martin
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Idaho
(Street Address, City, State)

AUG 24 [illegible]

FEB 2 1968

251-120006-584

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30903

County of Bingham

City of Blackfoot R.D. #1 Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 52

Hospital

FULL NAME OF CHILD Son Seamons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	March 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel G. Seamons	Genett Nyman
RESIDENCE	Blackfoot R D #1	Blackfoot R D #1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A.M on the date above stated.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Apr 5 19 15 M. E. Bates Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1954

251-220-006-584

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD#1

Registration District No. 121 File No. 30904

No. _____ St.

Primary Registration District No. 2194 Registered No. 53

Hospital _____

FULL NAME OF CHILD Leda Seamons

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2nd	Yes	Mar 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel G Seamons	FULL MAIDEN NAME	Genett Nyman
RESIDENCE	Blackfoot RD#1	RESIDENCE	Blackfoot RD#1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

_____ 19____

Filed Apr 5 1915 W E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Amended 6-29-60

PLACE OF BIRTH

367-115-0006-395

County of Bingham

City of Blackfoot

No. 623 North Main St.

Hospital no

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30905

Primary Registration District No. 1007 Registered No. 54

FULL NAME OF CHILD Owen Lee Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	April 15, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

FATHER	MOTHER
FULL NAME: William M. Cox	FULL MAIDEN NAME: Laura H. Lindquist
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Utah
OCCUPATION: Railroader	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L.P. Batway

Midwife
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Apr. 21, 1915 W.E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30905

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Owen Lee Cox (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	Wilhelm Cox	William M. Cox
Mother's Name	Laura H. Lilloenquist	Laura H. Lindquist

Subscribed and sworn to before me this ..... day of ..... 19 ..... .

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 ..... .

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DPH 55.155 L. 4-10-59

L.D.S. Church Certificate of Blessing, June 6, 1915 gives full name of child as Owen Lee Cox, born April 15, 1915 at Blackfoot, Idaho to William M. Cox and Laura Lindquist - viewed by V.S.

Another child's birth certificate on file, #51840 gives full names of parents as William Monroe Cox and Laura Hilda Lindquist - viewed by V.S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 30905
Date Filed January 29 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Harvey Lee Cox (Name on original certificate) who was born (Was born or died) on April 15, 1915 (Date of event)
in Idaho Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church records (Bible record, insurance policy, etc.) prepared on June 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Harvey Lee Cox	Owen Lee Cox

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Mrs Laura D Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
295 7th St Idaho Falls Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Mrs Cox
(Signature of any credible person other than the previous affiant)
295 7th St Idaho Falls Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUN 29 1960

255-209-006-345

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of West Firth

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30906

Primary Registration District No. 2194 Registered No. 55

FULL NAME OF CHILD Unnamed Benson, Genevieve Caroline

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	1	Yes	Feb 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albin B. Benson	FULL MAIDEN NAME	Ellen Lundin
RESIDENCE	West Firth, Ida	RESIDENCE	West Firth Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Apr 24 1915 M E Patrie Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

AUG 1 5 1995

523-219-006-452

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30907

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 56

FULL NAME OF CHILD Estenson Ora Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Feb 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Estenson	FULL MAIDEN NAME	Clara Messenger
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 24 1915 M E Patrick

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1944

415-204-006-653

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. 146 N. Stout St.

Hospital

Registration District No. 121

File No. 30908

Primary Registration District No. 1007

Registered No. 57

FULL NAME OF CHILD Marion

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	\		\	Yes	Mar 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Marion	FULL MAIDEN NAME	Elvira Welsh
RESIDENCE	Blackfoot Ida	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis Md

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 24 1915 W E Patrie

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1915 -
Dup of 219808

653-2031006-759

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Bekpt

No. R F D 4 St.

Hospital

Registration District No. 121 File No. 30909

Primary Registration District No. 2194 Registered No. 58

FULL NAME OF CHILD ~~Unnamed~~ Weeker Elvira

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Mar 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harris A Weeker	FULL MAIDEN NAME	Thorbe Perry
RESIDENCE	Bekpt. R F D 4	RESIDENCE	Bekpt R F 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 24 1915 W E Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1971

Amended 6-11-58

PLACE OF BIRTH
318-111-006-436

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30910

Primary Registration District No. 2194 Registered No. 59

FULL NAME OF CHILD Paul Earl Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Mar. 11, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Taylor	FULL MAIDEN NAME	Opal McCowan
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Stone Mason	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.B. Davis, M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Apr. 24, 1915 W. E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card #566-09-8307 gives correct information and California Drivers License #Z 729952, expired 1951, viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of ORANGE }

Certificate No. 30910

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Taylor (Name on Original Certificate) who was born (Was Born or Died) on Mar. 11, 1915 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Drivers license (Bible Record, Insurance Policy, Etc.) prepared on May 15 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
FULL NAME OF CHILD	Unnamed Taylor	Paul Earl Taylor

Subscribed and sworn to before me this 8th day of November, 1951

Notary Public, residing at Anaheim Calif.

My commission expires My Commission Expires August 11, 1957

(Seal)

Signed Dorothy Taylor Bradley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

528 North Euclid, Anaheim, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange }

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1951

Notary Public, residing at Laguna Beach

My commission expires

(Seal) My Commission Expires March 5, 1955

Signed Lynn E. Taylor

(Signature of Any Credible Person)

683 Catalina Laguna Beach Calif

(Street Address, City, State)

DPH 52.155

219-212-006-452

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. N Stout St.

Hospital

Registration District No. 121 File No. 30911

Primary Registration District No. 1007 Registered No. 60

FULL NAME OF CHILD Eula E. Barnes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	\	\	Yes	Mar 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will C. Barnes	FULL MAIDEN NAME	June Messenger
RESIDENCE	Belfoot	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Pennsylvania
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Apr 24 15 M E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1943

453-125-006-349

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 1 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30912

Primary Registration District No. 2194 Registered No. 61

FULL NAME OF CHILD Joseph H. Mecham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	4 25 1915

FATHER		MOTHER	
FULL NAME	Lenard Mecham	FULL MAIDEN NAME	Emilia Curtis
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Apr 28 1915 W. E. Patrick Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-104-006-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30913

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. E. Court St.

Hospital No

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 30

FULL NAME OF CHILD Edwin Michael Garrin

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 4 1918

FATHER	MOTHER
FULL NAME: John Francis Garrin	FULL MAIDEN NAME: Ruth Bedford
RESIDENCE: Blackfoot	RESIDENCE: Do
COLOR: White	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Mich	BIRTHPLACE: Mo
OCCUPATION: Clerk	OCCUPATION: Housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:25 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

(Physician or midwife) Phys.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed Mch 5 19 15 M. E. Patrie
Registrar

8-Y CO. 24688

cc 10/15/40
PBA.

155·109·006·962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot R.D. 2

Registration District No. 121 File No. 30914

No. ..... St.

Primary Registration District No. 2194 Registered No. 31

Hospital .....

FULL NAME OF CHILD Joseph Brigham Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Feb 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph E. Jensen	FULL MAIDEN NAME	Essie Laveria Robinson
RESIDENCE	Blackfoot R.D. #2	RESIDENCE	Blackfoot R.D. #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Mch 5 1915 M. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 20, 1940. E.W

415-1161006-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30915

County of Bingham

City of Blackfoot RD#2

Registration District No. 121

File No.

No. St.

Primary Registration District No. 2194

Registered No. 32

Hospital

FULL NAME OF CHILD Unnamed Dance Doyle Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Feb (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip Bingham Dance	FULL MAIDEN NAME	Celia Williams
RESIDENCE	Blackfoot RD#2	RESIDENCE	Blackfoot RD#2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed Mch 5 1915 M E Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962.121.006-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 30916

No. ..... St.

Primary Registration District No. 2194 Registered No. 33

Hospital John Delmayne

FULL NAME OF CHILD ~~[illegible]~~ Robinson Robison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes	Feb 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward A Robison	FULL MAIDEN NAME	Isabell Martindale
RESIDENCE	Blackfoot RD#3	RESIDENCE	Blackfoot RD#3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Mch 5 1915 M E Patrice
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163.221.006557

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD #4

Registration District No. 121

File No. 30917

No. ..... St.

Primary Registration District No. 2194

Registered No. 34

Hospital .....

FULL NAME OF CHILD Annie Marie Jolley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Feb 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Jolley	FULL MAIDEN NAME	Elva Viola England
RESIDENCE	Blackfoot RD #4	RESIDENCE	Blackfoot RD #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Mch 5 1915 M E Patrick
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-224-006389

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

amended 3/24/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot RD #4

Registration District No. 121

File No. 30918

No. ..... St.

Primary Registration District No. 2194

Registered No. 35

Hospital .....

FULL NAME OF CHILD ..... Verna Wray

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Feb 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Vernon Wray	FULL MAIDEN NAME	Evelyn Christinsen
RESIDENCE	Blackfoot RD #4	RESIDENCE	Blackfoot RD #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Mch 5 1915 M E Patrie

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
VITAL STATISTICS
MAR 2 3 12 PM '73

Certificate No. 30918

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thelma Wray (Name on Original Certificate) who was born (Was Born or Died) on Feb 24, 1915 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record Document (Bible Record, Insurance Policy, Etc.) prepared on Mar. 23 1915 / July 19 - 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Thelma Wray	Verna Wray

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155

CL 11/15/77 1cc pd.

Church membership, LDS Church, dated December 9, 1972, with original date of entry April 4, 1915, lists name as Verna Wray, born February 24, 1915.
Viewed by vs March 24, 1978

MAR 2 7 1978

Marriage certificate, F. H. Thompson, Pastor, lists name of bride as Verna Wray. Married July 19, 1935, in Coeur d'Alene, Idaho.
viewed by vs March 24, 1978

433-125-006-865

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30919

Primary Registration District No. 2194 Registered No. 36

FULL NAME OF CHILD ~~MERVIN DEAN~~ Mervin Dean McCauley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Feb 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Lewis McCauley	FULL MAIDEN NAME	Alice Hone
RESIDENCE	Blackfoot RD#2	RESIDENCE	Blackfoot RD#2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Mch 5 1915 M. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

MAR 10 1942

MAY 19 1972

155-226-006-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. _____ St.

Hospital _____

Registration District No. 121 File No. 30920

Primary Registration District No. 2194 Registered No. 37

FULL NAME OF CHILD Unnamed Jensen Anna Elinor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Feb 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Isaac H. Jensen	FULL MAIDEN NAME	Martha Call
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Afton, Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Blackfoot, Idaho

Filed Mch 5 1915 M. E. Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1958

791.223.006.817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121 File No. 30921

No. ..... St.

Primary Registration District No. 2194 Registered No. 38

Hospital .....

FULL NAME OF CHILD Verna Gragg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2 23 1915

FATHER		MOTHER	
FULL NAME	William R Gregg	FULL MAIDEN NAME	Nellie Hague
RESIDENCE	Montana	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	North Carolina	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	wife & mother

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot R F D No 2

Filed Mch 5 1915 W E Pahie
Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515.123.006-212

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30922

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 39

FULL NAME OF CHILD William Van. Orden.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Feb. 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J. Van. Orden.	FULL MAIDEN NAME	Hazel May Baker
RESIDENCE	Thomas.	RESIDENCE	Thomas.
COLOR	white AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was alive at 12-45 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mch. 5 1915 W. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

545-102-006-000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Idaho

No. _____, _____ St.

Hospital _____

Registration District No. 121 File No. 30923

Primary Registration District No. 2194 Registered No. 40

FULL NAME OF CHILD Unnamed Emerson

Sex of Child Male	Twin, Triplet, or other? Single and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Mch (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Emerson	FULL MAIDEN NAME	Nettie (Dont Know)
RESIDENCE	New Plymouth Idaho	RESIDENCE	Idaho Insane Asylum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	Dont Know	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Dont Know	BIRTHPLACE	Ohio
OCCUPATION	Dont Know	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde M.D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

_____ Registrar

Address _____

Filed Mch 6 1915 W. E. Patrie Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1974

718-12-0006-236

PLACE OF BIRTH

Amended Mar. 24, 1955

County of Bingham

City of Blackfoot

No. Route No. 2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30924

Primary Registration District No. 2194 Registered No. 41

FULL NAME OF CHILD Walter Scott Gay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	3 - 20 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert H. Gay	FULL MAIDEN NAME	Luella Scott
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Mch 26 1915 W. E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 30924
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for George Scott Cay (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy Aug. 31, 1946 prepared on Mar 20 / 1915, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics. (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	George	Walter

Subscribed and sworn to before me this 4th day of March, 19 47
Mary Kinyon
Notary Public, residing at Pocatello, Idaho
My commission expires 10-12-48
(Seal)

Signed Albert H Cay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fort Hall Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 19 47
Mary Kinyon
Notary Public, residing at Pocatello, Idaho
My commission expires 10-12-48
(Seal)

Signed Estella Cay
(Signature of Any Credible Person)
Fort Hall Idaho
(Street Address, City, State)

DPH 52.155

546-220-006-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 2 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30925

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 42

FULL NAME OF CHILD Frowvenc Rilma Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	3 20 1915

FATHER		MOTHER	
FULL NAME	Robert Edwards	FULL MAIDEN NAME	Lydia Stephans
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth seven Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Mch 26 1915 Wm E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915 Dup of De 58-380

813-122-006-814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Groveland

No. R.F.D. 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30926

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 43

FULL NAME OF CHILD Seymour B. Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin G. Hale	FULL MAIDEN NAME	Lena Elizabeth Hammond
RESIDENCE	Groveland	RESIDENCE	White
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Grantsville	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen V Hale

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Groveland Idaho

Filed Apr 1 1915 W. E. Patrie Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-102-006-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 4/15/46

County of Bingham
City of Blackfoot
No. 709 S. University St.
Hospital

Registration District No. 121 File No. 30927
Primary Registration District No. 1007 Registered No. 44

FULL NAME OF CHILD James Charles Keifer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb. 2, 1915

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles H. Keifer	FULL MAIDEN NAME	Grace Thomas
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Apr 3, 1915 W. E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Joaquin }

Certificate No. 30927

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Thomas Keifer (Name on Original Certificate) who Born (Was Born or Died) on Feb 2 1915 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Feb 2 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles Thomas Keifer	James Charles Keifer

Subscribed and sworn to before me this 7 day of Apr., 1946

Notary Public, residing at Stockton Calif

My commission expires 2-20-46

(Seal)

Signed Grace J. Keifer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

2317 E Hazelton Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Apr., 1946

Notary Public, residing at Stockton Calif

My commission expires 2-20-46

(Seal)

Signed Myrtle L Jones
(Signature of Any Credible Person)

2317 E Hazelton Ave
(Street Address, City, State)

Stockton Calif

691-122-006553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward H/ St.

Hospital

Registration District No. 121 File No. 30928

Primary Registration District No. 2194 Registered No. 45

FULL NAME OF CHILD Frank Foster Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 22 1915

FATHER

FULL NAME Owen Foster

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Neb.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ester Nelson

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Neb.

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Metcalf

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Mar 2 19 15 M. E. Patrie Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF ISSUE

814.223.006.219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30929

County of Bingham

City of Bladefoot, Idaho

No. Groveland St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 46

FULL NAME OF CHILD Ida J. Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Hammond	FULL MAIDEN NAME	Martha L. Barnes
RESIDENCE	Bladefoot, Idaho #1	RESIDENCE	Bladefoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9. P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Apr 3 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314.225 1006.168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, Idaho

No. Ward # 4 St.

Hospital

Registration District No. 121 File No. 30930

Primary Registration District No. 1007 Registered No. 47

FULL NAME OF CHILD Lethal Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Campbell	FULL MAIDEN NAME	Sarah Johnson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	~~Blackf~~ Penn.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 3 1915 W. E. Patrie

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

753-103-006-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30931

County of Bingham

City of Blackfoot

No. Ward #1 St.

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 48

Hospital

FULL NAME OF CHILD Charles E. Geldroy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel G. Geldroy	FULL MAIDEN NAME	Mildred Jensen
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mars	BIRTHPLACE	Mars
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.9 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Apr 3 1915 W. E. Patrie

Registrar Registrar

S-Y CO. 34655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-204-006-462

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Groveland

No. R F D No 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30932

Registration District No. 161

File No.

Primary Registration District No. 194

Registered No. 49

FULL NAME OF CHILD Clara Hales

Sex of Child Female

Twin, Triplet or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 4 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Jonathan A Hales	FULL MAIDEN NAME Inga K Moss
RESIDENCE Groveland Idaho	RESIDENCE Groveland
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Grantsville Utah	BIRTHPLACE Woods Cross Utah
OCCUPATION Farmer	OCCUPATION Home keeping

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6:15 a.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hales

(Physician or midwife)

Address Blackfoot

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 3 19 15 M E Parkin
Registrar

R-Y CO. 20174

APR 6 1959

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

369-230-006-281

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Presto

No. ..... St.

Hospital .....

Registration District No. 121 File No. 30933

Primary Registration District No. 2194 Registered No. 50

FULL NAME OF CHILD Edith Twitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 30 1915

FATHER		MOTHER	
FULL NAME	Fred S. Twitchell	FULL MAIDEN NAME	Mary Shannon
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Apr 3 1915 W. E. Patrie

Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1948
NOV 5 1976

992-218-006-859

PLACE OF BIRTH

Amended 3-19-56

County of Bingham

City of Blackfoot

No. Word # 1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30934

Primary Registration District No. 1007 Registered No. 13

FULL NAME OF CHILD ESTHER RISKE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 18 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Reinhart Riske	FULL MAIDEN NAME: Lydia Yerka
RESIDENCE: Faher, Idaho	RESIDENCE: Faher, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Feb. 8 1915 M. E. Patrie

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAR 12 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 30934

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ester Kiske (Name on Original Certificate) who was born (Was Born or Died) on January 18, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by S. S. Promotional Record (Bible Record, Insurance Policy, Etc.) prepared on April 19, 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Ester	Esther

Subscribed and sworn to before me this 21 day of April, 19 56

Notary Public, residing at Ada County, Idaho
My commission expires Dec 22nd 1959
(Seal)

Signed Reinhart Kiske
Lydia Kiske
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

559 No Chase Lane
(Street Address, City, State)
Inkard, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

149-125-006-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30935

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 181 File No. .....

Primary Registration District No. 2194 Registered No. 14

FULL NAME OF CHILD Merlin Murdock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leo D Murdock	FULL MAIDEN NAME	Frances Dunn
RESIDENCE	Blackfoot, Idaho R F D #2	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 8 1915 M. E. Patrick

Registrar Registrar

S-Y CO. 24635

JAN 18 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-128 1006-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot,

No. ..... St.

Hospital Blackfoot,

Registration District No. 121 File No. 30936

Primary Registration District No. 2194 Registered No. 15

FULL NAME OF CHILD Harlen William Dale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William C. Dale	FULL MAIDEN NAME	Thora H. Larsen
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	R. R. Water foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Feb 8 1915 W. E. Patrie

Registrar Registrar

S-Y CO. 24655

335-104-006699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot R.D. #4 Registration District No. 121 File No. 30937

No. ____ St.

Primary Registration District No. 2194 Registered No. 16

Hospital ____

FULL NAME OF CHILD Unnamed Clement Harold Ira

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra Harold Clement	Eliza Caroline Wright
RESIDENCE	Blackfoot RD #4	Blackfoot R.D #4
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beall

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report. ____ 19____

Filed Feb 6 19 15 M. E. Petrie Registrar

____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

343102.0006-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30938

County of Bingham

City of Blackfoot R.D.#3 Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 17

Hospital

FULL NAME OF CHILD Unnamed Lutz, Raymond Dubois

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 2 1915

FATHER

FULL NAME George Albert Lutz

RESIDENCE Blackfoot RD#3

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mercy Veale Whittington

RESIDENCE Blackfoot RD#3

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 6 19 15 M. E. Price Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1952

459-203-006-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30939

County of Bingham

City of Blackfoot RD # 3 Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 18

Hospital

FULL NAME OF CHILD Unnamed Merkley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 3 1915

FATHER	MOTHER
FULL NAME Louis Wm. Merkley	FULL MAIDEN NAME Martha Smith
RESIDENCE Blackfoot R D # 3	RESIDENCE Blackfoot R D # 3
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report. ..... 19.....

Filed Feb 6 19 15 M. E. Patrick Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1960

693-126-006-395

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30940

County of Bingham

City of Blackfoot

No. Jennings Add. St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 19

FULL NAME OF CHILD VIRGIL THOMAS Wilde

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan. (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira Wilde	FULL MAIDEN NAME	Mary Emily Lincoln
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Feb 6 1915

M. E. Patrie
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 30940
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Virgil Thomas Wilde (Name on original certificate) who born (Was born or died) on January 26, 1915 (Date of event)
in Blackfoot Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father (affiant) (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
None	Unnamed Wilde	Virgil Thomas Wilde
Date of birth	Dec. 26, 1915	Jan. 26, 1915

Subscribed and sworn to before me this 8th
day of November, 1941

Notary Public, residing at El Monte Calif.
My commission expires April 26th 1943
[SEAL]

Signed Ira Wilde.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
936 Potrero El Monte Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 2 9 1974

DEC 4 1942

[redacted] 3

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Blackfoot

No. RD #1 St.

Hospital No.

Registration District No. 121

Primary Registration District No. 2194

File No. 30941

Registered No. 20

FULL NAME OF CHILD Orville A. Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Jan. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles A. Taylor	FULL MAIDEN NAME	Hettie Jackman
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1-15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Feb 6 1915 M. E. Tahie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 1942

815-201-006-133

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. not named jet St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30942

Primary Registration District No. 1007 Registered No. 21

FULL NAME OF CHILD Florence Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	2 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Peter Hansen	FULL MAIDEN NAME	Alda Allred
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Danemark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth seven Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Feb 8 1915

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-110-006451

PLACE OF BIRTH

Form V.S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 30944

Registered No.

FULL NAME OF CHILD Mary Chapman 23

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Feb 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Chapman	FULL MAIDEN NAME	Sylvanie Dean
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	house wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1-45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Feb 17 1915

M. E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1971

291.221.006-291

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No 3 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]-13

Registration District No. 121 File No. 30945

Primary Registration District No. 2194 Registered No. 24

FULL NAME OF CHILD Inis Gertrud Branson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		No	2 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	not Known	FULL MAIDEN NAME	Hazel Branson
RESIDENCE		RESIDENCE	Blackfoot
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Servant

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Mch 3 1915 W. E. Patrie Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 2 6 1973

FEB 3 1976

455-127-006-893

PLACE OF BIRTH Bingham

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30947

County of Blackfoot

City of Bingham

No. R.T.D. 3 St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 26

FULL NAME OF CHILD Edgar Lavintz Devinna Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Lee Devinna	FULL MAIDEN NAME	Lonna Hickman
RESIDENCE	Blackfoot	RESIDENCE	Syracuse Mo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Verseville Mo	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Hous Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1 M.P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. O. Mote

Mid Wife
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Mch 3 1915 M. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

349-211-006-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121

File No. 30948

No. ....., ... St.

Primary Registration District No. 2194

Registered No. 27

Hospital .....

FULL NAME OF CHILD Lucretia Turpin

Sex of Child Female	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 2 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward James Turpin	FULL MAIDEN NAME	Florence Lucretia Good-wife
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Blackfoot Bingham Co. R.F.2

Filed Mch 3 1915 W. E. Patrick Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 1972

253-283-006-813

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STA[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30949

Primary Registration District No. 2194 Registered No. 28

FULL NAME OF CHILD Lavern Belnap

Sex of Child: female	Twin Triplet or other? and Number in order of birth: 7 (To be answered only in event of plural births)	Legitimate? Y	Date of Birth: Feb 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O M Belnap	FULL MAIDEN NAME	Fael L Hatch
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Weeksville Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hatch
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed [redacted]

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 6-6-60
PLACE OF BIRTH
335-127006-651

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Registration District No. 121 File No. 30950

Primary Registration District No. 2194 Registered No. 29

FULL NAME OF CHILD Hilbert Lyle Clement
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 27, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. M. Clement	FULL MAIDEN NAME	Florence Weaver
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Plain City, Utah	BIRTHPLACE	Kootenai Co., Idaho
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hatch

Midwife
(Physician or midwife)

Address Blackfoot, Idaho

Filed March 3, 1915 W.E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Ordination to the office of Deacon, March 7, 1927 gives full name as Hilbert Lyle Clement, born Feb. 27, 1915 at Moreland, Idaho - viewed by V.S and Social Security Card, 6-22-37 - #519-03-0590 gives full name as Hilbert Lyle Clement - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 30950

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Clement (Name on Original Certificate) who born (Was Born or Died) on Feb. 27, 1915 (Date of Event) in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Hilbert Lyle Clement

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Harvey M Clement
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7738 Broadway Blk City Inst
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 19 60

Norma J. Hill
Notary Public, residing at Blackfoot, Idaho
My commission expires June 9, 1963
(Seal)

Signed Ezra H Clement
(Signature of Any Credible Person)

197 amherst st blackfoot Ida.
(Street Address, City, State)

FORM DPH 55.155 CL 3-3-60. nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward Registration District No. 121 File No. 30951

No. ....., ... St.

Primary Registration District No. 2194 Registered No. 1

Hospital .....

FULL NAME OF CHILD Ivan John Goodwin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Y	1st 9 1915

FATHER		MOTHER	
FULL NAME	Nathan Abner Goodwin	FULL MAIDEN NAME	Sarah Evaline Tuprin
RESIDENCE	Thomas ward	RESIDENCE	Thomas ward
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife

(Physician or Midwife)

Address Blackfoot [redacted]

Filed Jan 16 19 15 W. E. Patrie

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO., 16670

FEB 20 1964

DEC 29 1966

84-205-006-857

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30952
Local Reg. No.
Reg. Dist. No. 121

Amended 4/13/76

1. PLACE OF BIRTH
a. COUNTY Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME *(Type or print)*
a. (First) Herdis
b. (Middle) Marie
c. (Last) Young

4. SEX female
5a. THIS BIRTH SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) Jan. (Day) 5, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First) Henry
b. (Middle)
c. (Last) Young

8. AGE (At time of this birth) 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town) Denmakr
10. USUAL OCCUPATION Farmer
11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First) Helena
b. (Middle) Corina
c. (Last) Hegland

13. AGE (At time of this birth) 34 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town) Norway
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE Mrs. L. P. Batsvage
18. ATTENDANT AT BIRTH M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. Jan 16, 1915
22. REGISTRAR'S SIGNATURE W. E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS TIME: 2:55 AM
RACE OR COLOR OF FATHER White
RACE OR COLOR OF MOTHER White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 9 4 16 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Sacramento

Certificate No. 30952

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Herdis Marie Yung (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1915 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Herdis Marie Yung	Herdis Marie Young
father's name	Henry Yung	Henry Young

Subscribed and sworn to before me this 4th day of December 19 74.

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Sacramento, Calif.

My commission expires

(Seal)

ARTHUR B. THOMAS
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My commission expires August 1, 1976

1126 - 35th Avenue, Sacto., Calif. 95822 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December 19 74.

Signed (Signature of Any Credible Person)

Notary Public, residing at Sacramento, Calif.

My commission expires

(Seal)

ARTHUR B. THOMAS
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My commission expires August 1, 1976

6550 - 13th Street, Sacto., Calif. 95831 (Street Address, City, State)

CL 3/19/74

FORM DH 60-155

Certif of Baptism ~~for~~ from LDS Church gives name as Ronald Edward Hicks son of Roy Cecil Hicks and Herdis M. Young. Born Oct 5, 1935 at Sacramento, Calif. Baptized. Feb 5, 1944. viewed b V.S.

Certif of Blessing from the LDS Church gives name as Herdis Marie Young duaghter of Henry Young and Helene Hegland. Born Jan. 5, 1915 at McDanevild, Idaho.Blessed April 4, 1915. viewed by V. S.

239-104-006267

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. out of lemats St.

Hospital No

Registration District No. 121

File No. 30953

Primary Registration District No. 2194

Registered No. 3

FULL NAME OF CHILD Stuart Erich Struck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Boy		Yes	1 4

FATHER		MOTHER	
FULL NAME	Erich Carl Julius Struck	FULL MAIDEN NAME	Hedwig Marie Roy
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Marienwerder Germany	BIRTHPLACE	Steffin Germany
OCCUPATION	Railroader	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 45 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L P Batway

Midwife (Physician or midwife)

Names added from a supplemental report.

19

Registrar

Address

Filed Jan 16 1915

W. E. Patrie
Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/27/41 J. B.

cc 2/25/41 rmf

659-105-006-557

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Ham~~ Moreland

Registration District No. 121 File No. 30954

No. ....., ... St.

Primary Registration District No. 2794 Registered No. 4

Hospital .....

FULL NAME OF CHILD ~~Unnamed~~ Richard Glenn

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	January 5, 1915

FATHER		MOTHER	
FULL NAME	John Osher Ferrel	FULL MAIDEN NAME	Annie Engle
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	AGE AT LAST BIRTHDAY 48 (Years)	COLOR	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Ioway	BIRTHPLACE	Ioway
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. S. Hammond

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Blackfoot R. 4

Filed Jan 18 1915 M. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics

PLACE OF BIRTH

613-129-006-953

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121

File No. 30955

No. ....., ... St.

Primary Registration District No. 1007

Registered No. 5

Hospital .....

FULL NAME OF CHILD Virin Hackeral

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 29 1915

FATHER		MOTHER	
FULL NAME	Theron Hackeral	FULL MAIDEN NAME	Rebecca Rece
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Wife Mother

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot R F D No 2

Filed Jan 30 1915 W. E. Patrie Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

699-102-006-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30956

County of Bingham

City of Blackfoot

or Between Rivers St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 6

Hospital

FULL NAME OF CHILD NORMAN R Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan 2 19 15

FATHER		MOTHER	
FULL NAME	C D Wright	FULL MAIDEN NAME	Esther Robinson
RESIDENCE	Blackfoot R.F.D	RESIDENCE	Blackfoot R.F.D
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Summers M D

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 20 19 15 M E Parke

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1970

819-107-006669

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30957

County of Bingham

City of Black Foot

No. Presto St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 7

FULL NAME OF CHILD — Harnden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Jan 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. A. Harnden	FULL MAIDEN NAME	Myrtle Forbes
RESIDENCE	Black Foot R F D	RESIDENCE	Black Foot R F D
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Black Foot Idaho

Filed Jan 30 1915 W. E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-210-006235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Black foot

No. Wappello St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 30958

Primary Registration District No. 2194 Registered No. 8

FULL NAME OF CHILD Venetta Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel P Parks	FULL MAIDEN NAME	Gladys Stewart
RESIDENCE	Black foot	RESIDENCE	Black foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Black foot Idaho

Filed Feb 3 1915 M E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-118006-713

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30959

County of Bingham

City of Thomas Pres.

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 9

Hospital

FULL NAME OF CHILD Charles W. Parsons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 18 1915

FATHER		MOTHER	
FULL NAME	Charles W. Parsons	FULL MAIDEN NAME	Myrtle Patterson
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebraska	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Jan 30 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294.109.006 154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Prec.

Registration District No. 121 File No. 30960

No. ..... St.

Primary Registration District No. 2194 Registered No. 10

Hospital .....

FULL NAME OF CHILD John Simper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	Jan 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reuben M. Simper	FULL MAIDEN NAME	Betsey Anderson
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jan 30 1915 M. E. Patrick Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C16-103-006299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 181

File No. 30961

Primary Registration District No. 1007

Registered No. 11

FULL NAME OF CHILD Harlow Mowrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 8 1915

FATHER		MOTHER	
FULL NAME	Mowrey E. Mowrey	FULL MAIDEN NAME	Gladys Kirkham
RESIDENCE	Blackfoot Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Kas
OCCUPATION	Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Fabris

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 22 1915 W. E. Fabris Registrar

S-Y CO. 24858

OCT 2 5 1976

JUL 20 1983

613-125-006-000

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Rec

No. _____ St.

Hospital _____

Registration District No. 121 File No. 30962

Primary Registration District No. 2194 Registered No. 12

FULL NAME OF CHILD Morell Tackrel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 25 1913

FATHER		MOTHER	
FULL NAME	Green T. Tackrel	FULL MAIDEN NAME	Hattie
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot Idaho

Filed Jan 30 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-214-089-157

Amended 4-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30964
Local Reg. No. .....
Reg. Dist. No. 25

1. PLACE OF BIRTH
a. COUNTY: Power
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: American Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: American Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mariana
b. (Middle):
c. (Last): Thomas

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 14, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Henry
c. (Last): Thomas

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Abstractor

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Jeppson

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Richard F. Noth

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: American Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 15, 1915

22. REGISTRAR'S SIGNATURE: R.F. Noth

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

OR BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 2 0196[illegible] Bureau of Vital Statistics

State of Utah } ss.
County of Weber

Certificate No. 30964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Anna Thomas (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1915 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by x (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Anna Thomas	Mariana Thomas

Subscribed and sworn to before me this 17th day of November, 1965.

Alice Jorgensen
Notary Public, residing at Ogden, Utah
My commission expires Jan. 1, 1969
(Seal)

Signed W N Thomas Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2736 Brinkerhoff Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November, 1965.

Alice Jorgensen
Notary Public, residing at Ogden, Utah
My commission expires Jan. 1, 1969
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

3 Custer Place
(Street Address, City, State)
Ogden, Utah

FORM DH 60-155

CL 11-9-65. nm

Independent School District No. 1, Malad City Schools, Malad, Idaho - School Year 1921-1922, teacher- Alice Harding gives full name of student as Mariana Thomas - viewed by V.S.

Beneficial Life Insurance Co., Policy no.225134, gives full name of insured as Mariana T. Lee, age 27, born June 14, 1915 at American Falls, Idaho - beneficiaries are given as Farrell A. Lee, husband and Mary Thomas, mother - viewed by V.S.

299-20[redacted]215

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. St.

Hospital

Registration District No. 140

Primary Registration District No. 2199

File No. XII 30965

Registered No. 52

FULL NAME OF CHILD Lenna Birch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Birch	FULL MAIDEN NAME	Mabel Sanford
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. alive (Born alive or stillborn) at 3.05 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Nelson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 7-1-1915 E P Oldham Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-213-016-81

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30966

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 171

Primary Registration District No. 2199 Registered No. 57

FULL NAME OF CHILD Stanger Thora Ann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Stanger	FULL MAIDEN NAME	Ida Sharp
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 3a 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Nelson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 7-1 1915 E. P. Oldham Registrar

Registrar

6-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1972

465-226-016-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30967

County of Cassia

City of Oakley

Registration District No. 120 File No. 411

No. St.

Primary Registration District No. 2199 Registered No. 50

Hospital

FULL NAME OF CHILD Sarah Blanche Mathews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Mathews	FULL MAIDEN NAME	Clara Bates
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 7-1 1915 [illegible]

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1965

168-227-016-3 B X

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30968

Registration District No. 120 File No. III

Primary Registration District No. 8199 Registered No. 49

FULL NAME OF CHILD Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Johnston	FULL MAIDEN NAME	Dora Lyman
RESIDENCE	Junction	RESIDENCE	Junction
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Sheep - Raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Sheldon

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/1 1915 E. P. Oldham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1974

419-224-06-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30969

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 120 File No. ~~111~~

Primary Registration District No. 799 Registered No. 46

FULL NAME OF CHILD Ethel Louise Martindale

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Fem.	one	9th		Feb 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Martindale	FULL MAIDEN NAME	Ida Gee (Gee)
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Gransville Utah	BIRTHPLACE	Toole Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. J. McBride
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 6/19 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1975

845-221-016-364

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30971

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. 111

Primary Registration District No. 8199

Registered No. 48

FULL NAME OF CHILD Adelaide Louise Hunter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	6-21-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lowell Hunter	FULL MAIDEN NAME	Adelaide Couzzens
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olsham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 6/30 1915

E P Olsham

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-209.00

PLACE OF BI[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Roseberry

No. Idaho St.

Hospital

Registration District No. Roseberry

File No. 30972

Primary Registration District No. Roseberry

Registered No. ~~4~~ 36

FULL NAME OF CHILD Winford Edith Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	(To be answered only in event of plural births)				January 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil Cooper	FULL MAIDEN NAME	Mamie Lowry
RESIDENCE	~~Colorado~~ Idaho	RESIDENCE	Roseberry Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Roseberry Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address Emma Shredder

Filed June 5 1915 Ruth McDonald Deply Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 D 76-655

name change

231405.008-142

PLACE OF BIRTH

County of Boise

City of McCall

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30975

Registration District No. _____ File No. _____

Primary Registration District No. 15 Registered No. 33

FULL NAME OF CHILD Sam Blackwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		7	Yes	Apr 5 1915

FATHER	MOTHER
FULL NAME Wm M. Blackwell	FULL MAIDEN NAME Helen L. Just
RESIDENCE Warrens	RESIDENCE Warrens
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Hawley

(Physician or midwife)

Address McCall

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 19 15 Ruth E. McDonald Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.129.008253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of ~~Mc~~ Donelly

Registration District No. _____ File No. 30976

No. _____ St.

Primary Registration District No. 15 Registered No. 32

Hospital _____

FULL NAME OF CHILD ROBERT GLENN Burnside

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	1 (To be answered only in event of plural births)	yes	Mch 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert W. Burnside	FULL MAIDEN NAME	Ersley Bick
RESIDENCE	Donelly	RESIDENCE	Donelly
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 A M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Address McCall, Ida

Filed May 13 1915 Ruth McDonald Deputy Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 30976

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Burnside	Robert Glenn Burnside

Subscribed and sworn to before me this 10th
day of January, 19 45

Margaret M. Peck

Notary Public, residing at McCall, Idaho

My commission expires July 18th, 1946
(SEAL)

Signed Mrs. P. W. Burnside

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 13 1945

AUG 14 1945

659-113-008-268

PLACE OF BIRTH

County of Boise

City of McCall

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 30978

Primary Registration District No. ..... Registered No. 97

FULL NAME OF CHILD VERNON WILLIAM HEIKKILA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Fourth	Yes	April 13 1915

FATHER		MOTHER	
FULL NAME	Peter Heikkila	FULL MAIDEN NAME	Liina Lizza Kokko
RESIDENCE	McCall, Ida.	RESIDENCE	McCall, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Finland	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Finland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Maia Palo

(Physician or midwife)

Address McCall Idaho

Filed Jan 21 1915 Ruth McDonald Deputy Registrar

G-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

INDEXED

COMPARED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

MAR 22 1968
Bureau of Vital Statistics

Certificate No. 30978

Date Filed June 21, 1915

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Vernon Wm. Heikkila (Name on Original Certificate) who born (Was Born or Died) on April 13, 1915 (Date of Event)

in McCall, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name, first & Second	Heikkila	Vernon William Heikkila

Subscribed and sworn to before me this 15 day of March, 19 68

Notary Public, residing at Emmett, Idaho

My commission expires Dec 17, 28, 1968

(Seal)

Signed Mrs. Irene Heikkila

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, McCall, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Social Security Card gives name as Vernon William Heikkila, # 519-42-2270
Reissued 1955. by Helath, Education & Welfare Dept. of the Social Sec. Adm.
Viewed by V. S.
Tax Collector's Receipt lists name as Vernon William Heikkila. Receipts
issued by Valley County, Idaho on Dec. 2, 1960.
Viewed by V. S.

MAR 22 1968

314-129-006-551

PLACE OF BIRTH

Form ~~V.C.~~ No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30979

County of Boise

City of Monture

No. ..... St.

Hospital .....

Registration District No. 13 File No. one

Primary Registration District No. 13 Registered No. one

FULL NAME OF CHILD LEROY THEODORE Caddy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	5	yes	6-29-1915

FATHER		MOTHER	
FULL NAME	Charles Caddy	FULL MAIDEN NAME	Addie Heambree
RESIDENCE	Monture Idaho	RESIDENCE	Mounture Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio	BIRTHPLACE	Mouroi
OCCUPATION	Black Smith	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M H
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sweet Idaho

Filed July 6 1915 E Vadney
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1 1941

DEC 9 1941.

AFFIDAVIT--

STATE OF IDAHO)
(ss.
County of Canyon)

ADDIE V. CADDY, being first duly sworn, deposes and says:

That she is the mother of Leroy Theodore Caddy; that he was born in the city of Montour, county of Boise, state of Idaho, on June 29th, 1915; and that his true name is Leroy Theodore Caddy, as above stated.

Your affiant makes this affidavit to correct the birth record now on file in the Bureau of Vital Statistics of the State of Idaho at the State Capitol in Boise, Ada County, Idaho.

Further your affiant sayeth not.

Addie V. Caddy,

Sworn and subscribed to this 9th day of December, 1941.

L. M. Greene
Notary Public for Idaho,
Residing at Boise, Idaho.

JUN 4 1962

553-113-

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

037496

County of Owyhee

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 30980

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Elmer Elwin Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June (Month) 13 (Day) 1915 (Year)
Male			

FATHER		MOTHER	
FULL NAME	J. Fred Nelson	FULL MAIDEN NAME	Anna Le Trobney
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	~~California~~ Nevada
OCCUPATION	Canal Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 AM on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Grand View

Registrar

Filed June 15 1915 Geo. R. Proctor
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

553-221-04

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20

File No. 30981

Primary Registration District No. 2012

Registered No. .....

FULL NAME OF CHILD June, Forrest, Nelson

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leon Nelson	FULL MAIDEN NAME	Verna, Ellen, Sinclair
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bloomington Idaho	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed June 26 1915 Geo. D. Hamilton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1965

455108 [illegible]

PLACE OF BIRTH

[illegible]

30[illegible]

City of Sweet

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Earl Murl Heen

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Boy	2 (To be answered only in event of plural births)	yes	Feb 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murl C. Heen	FULL MAIDEN NAME	Emma Hazel Ivergenson
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Decatur Ind	BIRTHPLACE	Sweet Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M.D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Registrar

Filed June 20 1915

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAR 1 0 1942

299-203-008-235

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

30984

County of Boise

City of Sweet

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Irma V. Kirkpatrick

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	April 3 1915

FATHER		MOTHER	
FULL NAME	J. J. Kirkpatrick	FULL MAIDEN NAME	Agatha C. Stevens
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M. D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Sweet Idaho

Filed Apr 19 15

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 26 1943

JUL 25 1952

8.47-106.008-859

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Sweet

No. ....., ... St.

Hospital .....

Registration District No. ..... File No. 30985

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ernest Charlie Hughes

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		yes	April 6, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charlie E. Hughes	FULL MAIDEN NAME	Ruby Ed Yergenson
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Grinnell Iowa	BIRTHPLACE	Sweet Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Sweet Idaho

Filed July 6 1915 E. Vadney Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 23 1960

551-106 019-331

Form V. 2. No. 11—25m-1-1-13

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Custer

City of Darlington

No. _____ St.

Hospital _____

Registration District No. 76 File No. 30986

Primary Registration District No. 5123 Registered No. _____

FULL NAME OF CHILD David Hal Evans

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		Sixn	Yes	July (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dave Evans	FULL MAIDEN NAME	Mary Clapp
RESIDENCE	Darlington Ida.	RESIDENCE	Darlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Alabama	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Mackay Idaho

Filed July 8 1915 R. Marie Deers
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 30986

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Evans (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 6, 1915 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Aunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	David Hal Evans

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Dorothy Capp Robinson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

R. 5, Boise, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

AUG 18 1942

314-127-019-259

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 76

File No. 30987

Primary Registration District No. 5123

Registered No. _____

FULL NAME OF CHILD Donald Wallace LAMBSON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	Fourth	Yes	June (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Alfred William ~~A. Will~~ Lambson	FULL MAIDEN NAME: Ethel ~~Ethyl~~ Birdie Keiley
RESIDENCE: Mackay Ida.	RESIDENCE: Mackay
COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Four

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

R. Marie Diers
Registrar

Address Mackay Idaho

Filed June 30 1915

R. Marie Diers
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1942

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 30987

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donald Wallice	Donald Wallace Lambson
name of father	A. Will Lambson	Alfred William Lambson
name of mother	Ethyl Birdie Keiley	Ethel Birdie Keiley

Subscribed and sworn to before me this Twelfth
day of February, 1943.

Signed Alfred William Lambson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mackay, Idaho

My commission expires Aug. 1, 1945
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

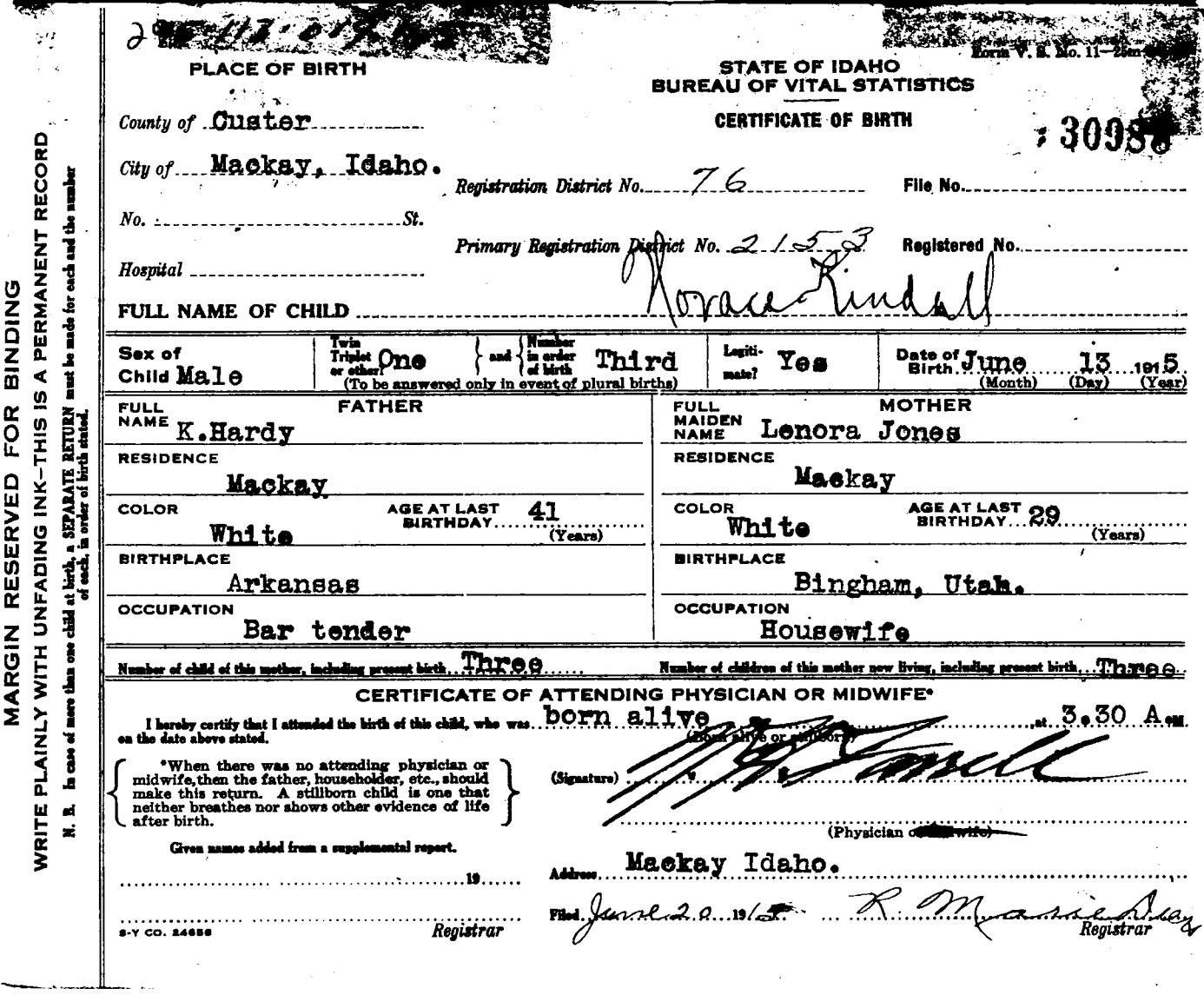
..... (Street Address, City, State)

MAY 8 196

FEB 24 1943

2 [illegible]

Form V. S. No. 11—25m [illegible]



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30988

County of Custer

City of Mackay, Idaho.

Registration District No. 76 File No.

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Horace Kindall

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	Third	Yes	June (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	K.Hardy	FULL MAIDEN NAME	Lenora Jones
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Arkansas	BIRTHPLACE	Bingham, Utah.
OCCUPATION	Bar tender	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mackay Idaho.

Filed June 20 1915 R. Marie Day Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

APR 8 1942

FEB 11 1972

690-102-019-452

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Custer

City of Barton

No. ..... St.

Hospital Res

Registration District No. 76

File No. 130980

Primary Registration District No. 2153

Registered No. .....

FULL NAME OF CHILD Fromneth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes	June (Month) 2nd (Day), 1915 (Year)

FATHER	MOTHER
FULL NAME: Albert Formneth	FULL MAIDEN NAME: Annie McKelvey
RESIDENCE: Barton	RESIDENCE: Barton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.40 P. M. on the date above stated.

(Signature) Thos. Baker

(Physician or Midwife)

Address Mackay Idaho

Filed June 15 1915 R. Marie Dies Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-205-019-713

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ....., ... St.

Hospital Res

Registration District No. 76

Primary Registration District No. 2153

File No. 30990

Registered No. .....

FULL NAME OF CHILD Nina Pearl Martin

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	June (Month) 5" (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: O.E.Martin	FULL MAIDEN NAME: Marie Patton
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ind	BIRTHPLACE: Idaho
OCCUPATION: Cook	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Mackay Idaho

Filed June 10 1915 R. Marie Dier

Registrar

Registrar

S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

466-[illegible]-035-795

Form V. S. No. 11-C—25m-1-1-13

[illegible] OF BIRTH

County of Nez Perce

City of Lewis De Sac

No. ..... St.

Hospital .....

ST[illegible] IDAHO
BUREA[illegible] STATISTICS
CERTIFICATE OF BIRTH

30991

Registration District No. 75 File No. .....

Primary Registration District No. 2152 Registered No. .....

FULL NAME OF CHILD Alberta Beatrice Dowell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	other	4	Yes	6 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester S. Dowell	FULL MAIDEN NAME	Evylin Greenaway
RESIDENCE	Lewis De Sac	RESIDENCE	Lewis De Sac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	Barber.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewis De Sac Ida

Filed June 12 1915 H. N. Gragg Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County NESPERCE (b) City CULDESAC
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: NONE AT OWN HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County NESPERCE
(c) City CULDESAC
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address CULDESAC

3. **RESIDENCE OF FATHER** (city, state) CULDESAC

4. **FULL NAME OF CHILD** ALBERTA BEATRICE DOWELL

5. Date of Birth (Month, day, year) June 11 1915

6. Sex. Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** SAMUEL LESTER DOWELL
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace HALEWAY (City or town) MO. (State or foreign country)
14. Exact Occupation
15. Industry or Business BARBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVALENA GREENAWAY
17. Color or Race WHITE
18. Age at time of THIS birth 26 years
19. Birthplace ATHENA (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel M Winslow, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Alberta Beatrice Dowell (Name of person on certificate above) as I have know her for 22 years (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GRAIG (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel M. Winslow Name
Brewster Washington P. O. Address

Subscribed and sworn to before me on this 18 day of Jany 194[illegible]

(SEAL) N Fannis Notary Public, residing at Brewster Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755 [illegible] 035 385

PLACE OF BIRTH

County [illegible]

City of Cul. De Sac

No. _____ St.

Hospital _____

[illegible] No. 11-C—25m-1-1-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

30092

Registration District No. 75

File No. _____

Primary Registration District No. 2152

Registered No. _____

FULL NAME OF CHILD Peer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	Other	6	Yes	6 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherman Peer	FULL MAIDEN NAME	Mary B. Chitwoll
RESIDENCE	Cul De Sac	RESIDENCE	Cul De Sac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg. M.D.

(Physician or midwife)

Address Cul De Sac. Ida

Given names added from a supplemental report.

_____ 19__

Filed June 14 1915 H. N. Gragg

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-210-004-866

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake.

City of St Charles.

Registration District No. 54

File No. 30993

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Maxine Clark

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	7 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Clark.	FULL MAIDEN NAME	Ruth E. Howle.
RESIDENCE	St Charles.	RESIDENCE	St Charles.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Charles.	BIRTHPLACE	S. C.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:50 A on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Ida

Filed July 10 1915 John Mattson

Registrar

Registrar

S-Y CO. 24655

MAR 6 1945

231-106-007-391

11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 58

Primary Registration District No. 2138

File No. 30994

Registered No. .....

FULL NAME OF CHILD Keith Hill Blanchard

Sex of Child Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 6 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Milton Ray Blanchard

RESIDENCE Hill City Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Klickitat Co Wash

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Martha Trask

RESIDENCE Hill City Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Klickitat Co Wash

OCCUPATION Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P M on the date above stated.

(Signature) C V Bloom M D

(Physician or midwife)

Address Hill City Ida

Filed 6-8 1915 D. O. Higgs Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

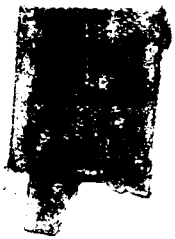
Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

K



NOV 17 1941

MAY 2 9 1942

MAY 5 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 30994
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Keith Hill Blanchard Birth (Birth ~~or Death~~) for Hill C Blanchard (Name on Original Certificate) who was born (Was Born or Died) on June 6 - 1915 (Date of Event) in Hill City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on Graduation Diploma May 19 - 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Hill C. Blanchard	Keith Hill Blanchard

Subscribed and sworn to before me this 30 day of April, 1945.
John R Leach
Notary Public, residing at Portland Oreg
My commission expires
(Seal)

Signed Martha H Blanchard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6713 S E Powell Blvd Portland Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1945.
John R Leach
Notary Public, residing at Portland
My commission expires
(Seal)

Signed Martha H Blanchard
(Signature of Any Credible Person)
6713 S.E. Powell Blvd Portland Oregon.
(Street Address, City, State)

Mother

MAY 1945

945-113-007-719

PLACE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 58 File No. 30995

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Bevans Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 13 1915

FATHER

FULL NAME G. H. Rice

RESIDENCE Hill City

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Brown Co Tex.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leslie Garring

RESIDENCE Hill City

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Lincoln Co N. M.

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from above (Born alive or stillborn) at 2 P M on the date above stated.

(Signature) O. E. Brown M. D.
(Physician or midwife)

Address Hill City, Ida.

Filed 6-14 1915 D. O. Higgs Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

438-274-007-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. 30996

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD ~~Myrtle~~ JUNE ROSE McHan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	N. McHan	FULL MAIDEN NAME	Percilla Bircumshaw
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	N C	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida.

Filed 6-15 1915 D P Higgs
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 30996
County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of June Rose McHan (Birth or Death) for Myrtle McHan (Name on Original Certificate) who born (Was Born or Died) on June 14, 1915 (Date of Event) in Fairfield (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Alhambra High School Diploma Age 17 yrs (Bible Record, Insurance Policy, Etc.) prepared on June 16, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Myrtle McHan	June Rose McHan

Subscribed and sworn to before me this 11th day of June, 1942
Annie B. Glenn
Notary Public residing at Alhambra, Calif.
My commission expires March 15, 1944
(Seal)

Signed Priscilla S. Bircumshaw McHan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
201 S. Primrose, Alhambra, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1942
Annie B. Glenn
Notary Public, residing at Alhambra
My commission expires March 15, 1944.
(Seal)

Signed Marjorie James McHan
(Signature of Any Credible Person Other Than Previous Year)
346 - Elm St - Idaho Falls Ida
(Street Address, City, State)

JUN 23 1942

JUN 24 1942

JAN 22 1959

434-118-007-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

Registration District No. 58 File No. 30997

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Clair Nelson McMasters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Vernon McMasters	FULL MAIDEN NAME	Rose Nelson
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mitchell S.D.	BIRTHPLACE	Hill River Minn
OCCUPATION	Station Agent	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Hill City

Filed 6 20 1915 D F Higgs Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

515-220-607-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. 30998

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD VERNA FAY VANDIVER ~~Unnamed~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Steven H Vandiver	FULL MAIDEN NAME	Mamie Daugherty
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida.

Filed 6-21 1915 D P Higgs

..... Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 30998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Verna Fay Vandiver (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event)
in Fairfield Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Verna Fay Vandiver

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of January, 19 42

Notary Public, residing at Spokane

My commission expires April 19-1942
(Seal)

Signed S.W. Vandiver Father
(Signature of Any Credible Person Other Than Previous Year)

Medical Lake R#1 Wash
(Street Address, City, State)

JUL 13 19[illegible]

JUL 15 1942

753-222-007-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City 3 mi East & 1 South

Registration District No. 58 File No. 30999

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Esther Helena Petrick

Sex of Child ~~Male~~ Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. F. Petrick	FULL MAIDEN NAME	Bernacka Helene Doerring
RESIDENCE	Hill City 3 miles E & 1 South	RESIDENCE	H. City 3 mi E - 1 S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Watertown Wis	BIRTHPLACE	McMillan Wis
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hill City

Filed 6-24 1915 D O Higgs

Registrar Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

633-223-007-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31000

County of Blaine

City of Fairfield

Registration District No. 58

File No.

No. St.

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Isabella Oltman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis Oltman	FULL MAIDEN NAME	Marie ~~Oltman~~ Weber
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Soldier Ida

Filed 6-26 1915 D P Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-126-007-101

PLACE OF BIRTH

Form U. S. No. 41-C—Rev. 1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carol

No. _____ St.

Hospital _____

Registration District No. 58 File No. 31001

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD May Carleton McAdams Edwards

Sex of Child: Male | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 6 (Month) 26 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: C O Edwards	FULL MAIDEN NAME: Myrtle McAdams
RESIDENCE: Carol Idaho	RESIDENCE: Carol Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ind	BIRTHPLACE: Tenn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Skaggs MD

(Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-27 1915 A Skaggs Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, giving number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31002

City of Soldier

Registration District No. 58 File No.

No. St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Gordon B Dayton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	191 (Year)
Male				yes	6	28	5

FATHER

FULL NAME Wm W. Dayton

RESIDENCE Durand

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Augusta M. Warner

RESIDENCE Soldier

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE N. Y.

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Riggs

M D

(Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report.

.....19.....

Filed 6-28-19.15 D O Riggs

.....
Registrar

.....
Registrar

S-Y CO. 24655

T O 1942

154-239, 020-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] Elmore Co.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Hill City Post Office

Registration District No. 58 File No. 31003

No. _____ St.

Primary Registration District No. 2138 Registered No. _____

Hospital _____

FULL NAME OF CHILD Mattie Cristina Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
~~M~~ Female		Yes	June 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Anderson	FULL MAIDEN NAME	Silvia M. Lin
RESIDENCE	Elmore Co Hill City P.O.	RESIDENCE	Elmore Co. Hill City P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hernin Denmark	BIRTHPLACE	Uray Col.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E B Coom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hill City

Filed 6-30 1915 D P Higgs
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

20931-168

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Kamiah — Registration District No. 49 — File No. 31004

No. ____ St. — Primary Registration District No. 2128 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Evelyn Carmine Atkisson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
Female			yes	6 (Month) / 29 (Day) / 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jay Rupert Atkison	FULL MAIDEN NAME	Edith Elvera Johnson
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Home

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:05 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. McMahan M.D.
(Physician or midwife)

Address Kamiah Idaho

Given names added from a supplemental report ____ 19____

Filed 7/8 1915 W. T. McMahan
Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49 [illegible] 036-036

PLAINLY BIRTH

[illegible] Lewis

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31005

City of Kamiah

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD Ralph Gordon Miller Ralph Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	4 26 1915

FATHER		MOTHER	
FULL NAME	Harrison Miller	FULL MAIDEN NAME	Effie Stone
RESIDENCE	Kamiah #2	RESIDENCE	Kamiah
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harrison Miller (Per. W. F. M.)

Father of Child
(Physician or midwife)

Given names added from a supplemental report

19

Address Kamiah, Idaho

Filed July 3rd 1915 W. F. McMahan
Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-[illegible]

STATE OF IDAHO
[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

PLACE OF BIRTH 103-004-389

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31006

County of [illegible] name added 1-6-84 dl

City of Bloomington

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD LaRue Thornock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Ten ral		Yes	May 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A. Thornock	FULL MAIDEN NAME	Bertha Christensen
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 8 Sch Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D. (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Paris

Filed 7-9-1913 R. J. Fulton Registrar

R-Y CO. 20175

12-23-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 31006
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thornock (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 3, 1915 (Date of Event)

in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LaRue Thornock

Subscribed and sworn to before me this 28 day of December, 1983.
Notary Public, Joan P. Eborn
Residing at PARIS
My commission expires LIFETIME
(Seal)

X LaRue Thornock
Signature of Applicant
X Bloomington, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of December, 1983.
Notary Public, Joan P. Eborn
Residing at PARIS
My commission expires LIFETIME
(Seal)

Thomas J. Liggatt
Supporting Signature
Bloomington, Idaho
Street Address, City, State

Ice Pol

Certificate of Baptism from LDS Church gives Stephen James Piggott son of Thomas Taylor Piggott and LaRue Thornock born Oct 18, 1954 in Montpelier was baptised Nov 3, 1962. Viewed by V.S.

JAN 6 1984

Birth Certificate #54-12655 lists Stephen James Piggott born Oct 18, 1954 in Montpelier to Thomas Piggott and LaRue Thornock. Viewed by V.S.

553-220004-553

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bloomington,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 31007

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Twilla

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 20 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Delbert Henry Nelson	FULL MAIDEN NAME	Mary Agnes Nelson
RESIDENCE	Bloomington,	RESIDENCE	Bloomington,
COLOR	WHITE AGE AT LAST BIRTHDAY 34 (Years)	COLOR	WHITE AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Bloomington,	BIRTHPLACE	Bloomington,
OCCUPATION	Laborer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address PARIS, IDAHO.

Filed 7-9- 1915 R. J. Sutton Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

(Signature)

Address

Filed

Dup #1915 - DE64.752

619-113-004-942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31008

County of Bear Lake

City of Bloomington

Registration District No. 53

File No.

No. St.

Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5-13 1915

FATHER		MOTHER	
FULL NAME	Ab. Ward	FULL MAIDEN NAME	Polly Prescott
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Bloomington	BIRTHPLACE	Sharon
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Oxley

Montpelier (Physician or midwife)

Given names added from a supplemental report

19

Address Idaho

Registrar

Filed 7-9- 1913 R J Sutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

318-117-00F/68

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31009

County of Ben Lake

City of Paris

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD Lowell Johnson Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 17 1913

FATHER	MOTHER
FULL NAME George F Taylor	FULL MAIDEN NAME Martha Ann Johnson
RESIDENCE Paris	RESIDENCE Paris
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Sandy Maker	OCCUPATION H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

(Signature) A P Cooley M D

(Physician or midwife)

Address Paris

Filed 7-9-1913 R J Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

JUL 12 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 31009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on 16 - May 1915 (Date of Event) in Paris Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on July 1 - 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lowell Johnson Taytor
		Lowell Johnson Taylor

Subscribed and sworn to before me this 10th day of July 1944

Delbert V. Groberg
Notary Public, residing at Idaho Falls

My commission expires Feb 1 - 1945
(Seal)

Signed Martha J. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

151 - 11th St Idaho Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July 1944

Delbert V. Groberg
Notary Public, residing at Idaho Falls

My commission expires Feb 1 - 1945
(Seal)

Signed La Vonne Nance
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 15 1944

193.223.004689

Amended 7-21-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31010
Local Reg. No.
Reg. Dist. No. 53

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Gwendolyn
b. (Middle):
c. (Last): Rich

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): May 23, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Standley
b. (Middle): H.
c. (Last): Rich

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Paris, Idaho
10. USUAL OCCUPATION: County Treasurer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Katharine
b. (Middle):
c. (Last): Whittle

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wyoming
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. D. Cooley, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Paris, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 7-9-1915
22. REGISTRAR'S SIGNATURE: R. J. Sutton
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a test for phenylketonuria performed? YES ___ NO ___ APPROXIMATE DATE ___

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ION OF VITAL STATISTICS, BOISE, IDAHO.

To the Bureau of Vital Statistics, State of Idaho, and to Whom it may concern:

This is to certify that I was the attending Physician at the birth of Gwendolyn Nich, born at Paris, Idaho. on May 23, 1915, and that she is a female, and not a male as your records may show.

Signed: A. D. Cooley

A. D. Cooley, M.D.

Subscribed and sworn to before me this 14th day of June, 1967

Signed: Notary Public

JULIET A. RAUDINGER, Notary Public
in and for the State of California
My Commission Expires September 9, 1967

JULIET A. RAUDINGER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY

To the Bureau of Vital Statistics, State of Idaho, and

To Whom it may concern:

This is to certify that I am the Ward Clerk of the Montpelier First Ward, Church of Jesus Christ of Latter-Day Saints, of which the church records show Gwendolyn Rich born May 23, 1915, and that she is a female member of the church.

Signed: [signature]

Subscribed and sworn to before me this 16th day of June 1967.

Signed: [signature]
Notary Public
Montpelier, Idaho.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 19 1967
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 31010

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gwendolyn Rich (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1915 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 12th day of May, 1967

Notary Public, residing at Montpelier, Idaho
My commission expires May 17, 1968
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1967

Notary Public, residing at Montpelier, Idaho
My commission expires May 17, 1968
(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155 CL 6-7-67. two copies pd.

132-123-004-632

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 53 File No. 31011

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Max Edwin Ackroyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James W. Ackroyd	FULL MAIDEN NAME	Lena O'Hern
RESIDENCE	Idaho Falls - Idaho	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Ovid
OCCUPATION	Tamer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 lbs Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Ponds Idaho

Filed 7-9- 1915 R. J. Sutton Registrar

S-Y CO. 20175

MAR 27 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 3 39 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31011

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Ackroyd (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1915 (Date of Event)

in Ovid, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Max Edwin Ackroyd

Subscribed and sworn to before me this 31 day of August, 19 75

Notary Public, residing at Edmonton, Alta

My commission expires N/A

(Seal)

Signed Sara Christine Ackroyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

c/o Grant Matkin, Carlston, Alberta
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of August, 19 75

Notary Public, residing at Edmonton, Alta

My commission expires N/A

(Seal)

Signed Edith A. Orr
(Signature of Any Credible Person)

811 - 2 Ave. West, Kalispell
(Street Address, City, State) Montana 59901

FORM DH 60-155 CL 3/27/75

Certif of Baptism and Confirm from the LDS Church gives name as Max Edwin Ackroyd son of James W. Ackroyd and Sina Christina Olson. born May 23, 1915 at Arco, Idaho. Baptozed July 1, 1923. viwed by V. S.

SEP 11 1975

Family Group record for James Walter Ackroyd and Sina Christine Olsen gives child's name as Max Edwin Ackroyd born May 23, 1915 at Ovid, Idaho. viewed by V. S.

DEC 19 1975

712-103-004-245

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sanack

No. ..... St.

Hospital .....

Registration District No. 53 File No. 31012

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Clarence Truel Passey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Passey	FULL MAIDEN NAME	Noma Bunn
RESIDENCE	Sanack	RESIDENCE	Sanack
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Dangle	BIRTHPLACE	[illegible]
OCCUPATION	Farmer	OCCUPATION	NW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:12 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris

Filed 7-9- 1915 R J Sutton Registrar

S-Y CO. 20175

RECEIVED
NOV 15 55
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 31012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnames Passey (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1915 (Date of Event)
in Lanark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church Records (Bible Record, Insurance Policy, Etc.) prepared on 4 July 1918 and 27 May 1927 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Missing	Clarence True Passey

Subscribed and sworn to before me this 12th day of November, 19 55

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1958
(Seal)

Signed Naomi Bunn (Passey) Grundy (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November, 19 55

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1958
(Seal)

Signed Leona Gertsch (Aunt)
(Signature of Any Credible Person)

Paris, Idaho
(Street Address, City, State)

DPH 52.155

DEC 5

419-204-033-553

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31013
Local Reg. No.
Reg. Dist. No.

Amended 12/13/76

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First): Myrtle
b. (Middle): Naomi
c. (Last): Marcum

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 4 (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Chester
b. (Middle):
c. (Last): Marcum

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Manchester Clay Co. KY.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nettie
b. (Middle): Ruth
c. (Last): Nethercott

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oakland, California

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R.W. Born

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 6/10/15

22. REGISTRAR'S SIGNATURE: C. Cherrington

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER

RACE OR COLOR OF MOTHER

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 15 5 00 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 31013

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Marcum (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1915 (Date of Event)
in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Myrtle Naomi Marcum
Mother's name	omitted	Nettie Ruth Nethercott

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
October, 1976.
Florence Cartright

Signed Joyce K. Marcum
(Signature of Any Credible Person)

Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

110 E Broadway
(Street Address, City, State)

Certificate of Blessing issued by the L.D.S.Church gives name as Myrtle Naomi Marcum daughter of Chester a. Marcum and Nettie Ruth Nethercott born June 4, 1915 and blessed June 6, 1915, in L.D.S.Church. OCT 18 1976
Viewed by V.S.
School record issued by Charles M. Fullmer, Teacher of Myrtle Naomi Marcum states her name as above born June 4, 1915 in the Teton Valley. Certified statemnet issued October 5, 1976. Orignial class of 1936.
Vieweed by V.S.

Records issued by the Custodian of Church Records in the Blackfoot 1st Ward gives birth place for Myrtle Naomi Marcum as Tetonia, Idaho born June 4, 1915 to Chester Arthur Marcum and Nttie Ruth Nethercott .
Viewed by V.s.

12/13/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 31013

Date Filed .....

13 11 52 AM '76

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Myrtle Naomi Marcum (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1915 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birth place	Provo, Utah	Manchester Clay Co. Kentuc
Father's age	24	33
Mother's birth place	Springville, Utah	Oakland, CA.
Mother's age	24	20 yrs.

Subscribed and sworn to before me this 13 day of December, 1976

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Joyce R. Marcum

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 110 E. Woodlane - Boise - 83706

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Child's birth certificate #26061 issued by State of Idaho, child born May 7, 1914 gives father's age as 32 and birth place as Kentucky and mother's age as 19 and birthplace as California. viewed by V.S.

DEC 13 1976

Notarized statement from Beneficial Life Insurance Company states that Myrtle Naomi Marcum was the daughter of Chester A. Marcum born at Manchester Clay County, Kentucky Age at next birthday was 34. Mother was Nettie Ruth Nethercott born in Oakland, California age at next birthday was 21. viewed by V.S.

614-1141 033-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 31014

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Clyde Mace Waddell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		6	Yes	6/14 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David L. Waddell	FULL MAIDEN NAME	Mary Ann Mace
RESIDENCE	Alta Wyo	RESIDENCE	Alta Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	3 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Halifax Yorkshire England
OCCUPATION	[illegible]	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 20 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1950

133-118-033-793

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 31015

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1st	Yes	June 18 1915

FATHER		MOTHER	
FULL NAME	Brent Allen	FULL MAIDEN NAME	Laverna Pitcher
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Smithville Utah	BIRTHPLACE	Smithville Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed 6/20 1915

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-218'033-4B4

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Driggs

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 31016

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD VIRGINIA MARION FOWLER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2nd	Yes	6/18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira Ray Fowler	FULL MAIDEN NAME	Lillian McDaniels
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Alpine Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 — a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) R W Born M.D.

C. C. Morrison

(Physician or midwife)

Address .....

Filed June 20 1915

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 31016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 17, 1915 (DATE OF EVENT)
in Driggs, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parent (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 21st 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Virginia

Subscribed and sworn to before me this 21st
day of April, 19 42

E. A. Johnson

Notary Public, residing at Idaho Falls, Idaho

My commission expires March 11th, 1946
(SEAL)

Signed Lillian Fowler
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Driggs, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 30 1967

NOV 17 1969

893-121-033-213

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

. 31017

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD DEAN LeRoy HILL

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	Yes	6/21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dan LeRoy Hill	FULL MAIDEN NAME	Bonny Baccus
RESIDENCE	Alta Wyo	RESIDENCE	Alta Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Akron Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [signature]

Filed June 25 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1952

259-222 1033-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 31018

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD ✓

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	/	10th	*	June 22 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clayton Knight	FULL MAIDEN NAME	Mary H Jensen
RESIDENCE	Driggs	RESIDENCE	X Salt Lake City U.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Born Utah	BIRTHPLACE	X Driggs
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Barnes

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 26 1915

..... Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-223-033-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Duggs

No. ..... St.

Hospital —

Registration District No. 77 File No. 31019

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Lois Media Hochstrasser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		4th	Yes	6/23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. L. Hochstrasser	FULL MAIDEN NAME	Media Christensen
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [signature]

Filed 6/25 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1975

JUL 1 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-125-033-719

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31020

PLACE OF BIRTH

County of Madison

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 276 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		No	June 25 1915

FATHER	MOTHER
FULL NAME Claimed by Edw Jackson	FULL MAIDEN NAME Beasie Gates
RESIDENCE unknown	RESIDENCE Driggs
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE unknown	COLOR White
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 17 (Years)
	BIRTHPLACE Canada
	OCCUPATION Servant

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a.m. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 28 19 15

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-226-033-655

PLACE OF BIRTH

County of Madison

City of Rigby Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 31021

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD ADELINE MARGARET SPEED

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	2	Yes	June 26th 1915

	FATHER	MOTHER
FULL NAME	Robt W Speed	FULL MAIDEN NAME Addie Barfield
RESIDENCE	Salt City	RESIDENCE Marysville Washington
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Marshall Wis	BIRTHPLACE Marysville Wash
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed 6/30 1915

..... Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 31021

County of Teton } Date Filed June 26, 1915

The undersigned does solemnly swear that certain facts on the certificate of Adeline Margaret Speed (Birth or Death) Rowland for Adeline Margaret Speed (Name on Original Certificate) who born (Was Born or Died) on June 26th 1915 (Date of Event) in Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Adeline Margaret Speed
Date	June 27th	June 26, 1915

Subscribed and sworn to before me this 16th day of July, 1942

Alice D. Lucas

Notary Public, residing at 4051 Telegraph Ave

My commission expires My Commission Expires Sept. 18, 194

(Seal)

Signed Mrs Adeline Bulger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

689-43rd St Oakland, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Alameda }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1942

Alice D. Lucas

Notary Public, residing at 4051-Telegraph Ave

My commission expires My Commission Expires Sept. 18, 1943

(Seal)

Signed [illegible]

(Signature of Any Credible Person Other Than Previous Year)

[illegible] Bancroft Way

(Street Address, City, State)

Berkeley Calif.

JUL 22 [illegible]

DEC 23 1942

614-228-

Form V. S. No. 11-C—25m-1-1-[illegible]

PLACE OF BIRTH

033-469

County of Madison

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31022

Registration District No. 77

File No.

Primary Registration District No. 2176

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2	Yes	6/28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M Waddell	FULL MAIDEN NAME	Genevieve Morgan
RESIDENCE	Alta Wyo	RESIDENCE	Alta Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 [illegible] a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Born MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address C C Cherrington

Filed 6/30 1915

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795·128·041·231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31023

County of Teton

City of Tetonia

Registration District No. 77 File No.

No. St.

Primary Registration District No. 2176 Registered No.

Hospital

FULL NAME OF CHILD ~~Baby~~ Little, Preston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ferry Little	FULL MAIDEN NAME	Katie Black
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Huntington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed June 30 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of .....

City of Filer — Registration District No. 34 — File No. 31024

No. ..... St. — Primary Registration District No. 7086 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Victor Raymond Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 14 1915

	FATHER	MOTHER
FULL NAME	Harvey Raymond Carter	FULL MAIDEN NAME Nellie Leone Jeffries
RESIDENCE	Filer, Idaho	RESIDENCE Filer, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	St. George, Utah.	BIRTHPLACE Tellocaset, Ore.
OCCUPATION	Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth First. — Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

(Signature) Frank A. Dwight, M.D.

(Physician or midwife)

Address Filer, Idaho

Filed June 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MAR 11 1958

FEB 9 1966

693-208-042-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

File No. 31025

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	7 8 1915

FATHER		MOTHER	
FULL NAME	Claude Williams	FULL MAIDEN NAME	Jessie Molsee
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	~~Ohio~~ N Dak	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 45 a.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed ..... 19.....

A A Newberry
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILED AUG 1915

818-108-042-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 31026

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXX~~ NORMAN IRIA HAYES

Sex of Child: Bey	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: JUNE 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S H Hayes	FULL MAIDEN NAME	Jessie Hogge
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-10 1915 A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 31026

Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Norman Iria Hayes (Name on Original Certificate) who was born (Was Born or Died) on June 8 (?), 1915 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by this affiant who is the mother of said child (Bible Record, Insurance Policy, Etc.) prepared on (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Norman Iria Hayes
birth date	July 8, 1915	June 8, 1915
	Incorrect	Correct date

Subscribed and sworn to before me this 2nd day of March, 1942.

E. H. Stevens

Notary Public, residing at Yakima, Wash.

My commission expires 12-2-1945

(Seal)

Signed Mrs Jessie Evelyn Hayes, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

R.7 (50.9 Ave) Yakima, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge; that he was present when said child was born.

Subscribed and sworn to before me this 2nd day of March, 1942.

E. H. Stevens

Notary Public, residing at Yakima, Wash.

My commission expires 12-2-1945

(Seal)

Signed Samuel J. Hayes
(Signature of Any Credible Person Other Than Previous Year)

P. O. Box 338 803-½ South 2nd Street
(Street Address, City, State)
Yakima, Wash.

MAR 2 1942

MAR 3 -1942-

Applicant's present address is:
Norman Eric Hayes,
Granite Falls,
Washington.

255 1171 042-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

File No. 31027

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD x ~~[illegible]~~ ~~[illegible]~~ x HARLEY H. BEER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	Twin		1st	Yes.	6 (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Beer	FULL MAIDEN NAME	Molly Harbert
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-10 1915 A A Newberry

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 31027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for No Name (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 17, 1915 (DATE OF EVENT)
in Filer (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Harley H. Beer
birthdate	July 17, 1915	June 17, 1915

Subscribed and sworn to before me this 24th day of March, 1942

X Dorothy N. Boone

Notary Public, residing at Twin Falls, Idaho

My commission expires March 4, 1944.
(SEAL)

Signed Hazel Beer (Mother Age 38 yrs.)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

130 Main N. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Idaho~~ California } ss.
County of ~~Twin Falls~~ Fresno }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ~~24~~ 28 day of March, 1942

Merle K. Petersen

Notary Public, residing at ~~Twin Falls~~ Fresno, Calif.

My commission expires ~~March 4, 1944~~
(SEAL) My Commission Expires November 1, 1944

Signed Paul Beer (father)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

505 West Belmont
(STREET ADDRESS, CITY, STATE)
Fresno Calif

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 3 1942

255-217-042-819

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31028

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Nellie ~~Name~~ Deer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin	2nd	Yes.	7-17-1915

FATHER		MOTHER	
FULL NAME	Paul Deer	FULL MAIDEN NAME	Mary Astarbento
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 35 P M
(Born alive or ~~Stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 19 15 A A Newberry
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271-209-037-796

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. St.

Hospital

Registration District No.

File No. 31029

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ruby Spang

Sex of Child Female | Twin Triplet or other? yes 2nd | and | Number in order of birth Female Female | Legitimate? yes | Date of Birth June (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mathias Spang	FULL MAIDEN NAME	Minnie J Proctor
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) George R Proctor

Physician (Physician or midwife)

Address Grand View Ida.

Filed June 19 15 Geo R Proctor Registrar

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-209

PLACE O[illegible]

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31030

County of Ow[illegible]

City of .....

Registration District No. .....

File No. .....

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth [illegible] Spang

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin 1st	1st	Yes	1-9-15

FATHER	MOTHER
FULL NAME: Mathias Spang	FULL MAIDEN NAME: Minnie J. Proctor
RESIDENCE: Grand View	RESIDENCE: Grand View
COLOR: Wh te	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address Grand View, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan 19 15 Geo R Proctor
Registrar

..... Registrar

S-Y CO. 24655

OCT 18 1971

381-179.001-319

PLACE OF BIRTH

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 11-O-Ida-6-1-40

CERTIFICATE OF BIRTH

County of Ada

City of Grand View Valley

Registration District No. ..... File No. 31031

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Chattin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 19 1915

FATHER		MOTHER	
FULL NAME	Robert L Chattin	FULL MAIDEN NAME	Eva M. Carns
RESIDENCE	Grand View Valley	RESIDENCE	Grand View Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor, Physician

(Physician or midwife)

Address Grand View

Given names added from a supplemental report.

..... 19.....

Filed Mar. 19.15. Geo. R. Proctor
Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

942-153-037-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted]O
[redacted]ATISTICS
[redacted]RTH

County of Bwyhee

City of

Registration District No.

File No. 31032

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Clarence Raymond Russell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			8th	yes	Mar 25rd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas Robt. Russell	FULL MAIDEN NAME	Lula M Towner
RESIDENCE	Grand View Valley	RESIDENCE	Grand View Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Nebrask	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Grand View Ida

19

Filed April 1915 Geo R Proctor
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31032

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clarence	Clarence Raymond Russell
Date	March 22nd	March 23, 1915

Subscribed and sworn to before me this 26th
day of March, 1943

E. M. Kellogg
Notary Public, residing at Caldwell
My commission expires Feb. 26-1947
(Seal)

Signed E. R. Russell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-211-001-522

PLACE OF BIRTH

County of Ada

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

BUREA[redacted]AHO STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 31033

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ida Hackema

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Hackema	Phroney Offens
RESIDENCE	Grand View	Grand View
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 35	white / 32
BIRTHPLACE	Holland	Illinois
OCCUPATION	Ranch laborer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Address Grand View Ida.

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed June 19 15 Geo R Proctor Registrar

S-Y CO. 24655

[redacted]

MAY 26 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-100-001-263

PLACE OF BIRTH

County of Ada

City of Grand View

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31034

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Lester McKeith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 1915

FATHER	MOTHER
FULL NAME W. Ross McKeith	FULL MAIDEN NAME Ethel Bolen
RESIDENCE Grand View	RESIDENCE Grand View
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minnesota
OCCUPATION Picture Manager	OCCUPATION Housework

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 A.M. on the date above stated.
(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grand View

Filed Apr. 19 15 Geo. R. Proctor
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-212-037-966

PLACE OF BIRTH

County of Owyhee

City of

No. St.

Hospital

[redacted] IDAHO

31035

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Dorothy Elaine Whitson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
Female		Yes	Apr 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. E. Whitson	FULL MAIDEN NAME	Blanche M Rowe
RESIDENCE	Grand View, Ida	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Grand View

Filed Apr. 29 1915 Geo R. Proctor Registrar

S-Y CO. 24655

DECEASED

STATE OF IDAHO -
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 31035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Whitson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Apr. 12, 1915 (DATE OF EVENT)
in Owyhee County, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Dorothy Elaine Whitson

Subscribed and sworn to before me this 10th
day of June 1942

Notary Public, residing at Boise, Idaho

My commission expires Oct 16, 1943
(SEAL)

Signed Mrs. Blanche Whitson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 3 1964

JUN 1 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Dunghee

City of Hot Spring

Registration District No. 44 File No. 31036

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dionicio Monasterio

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Damasa Monasterio	FULL MAIDEN NAME	Segunda Bengochea
RESIDENCE	Hot Spring, Idaho	RESIDENCE	Hot Spring Idaho
COLOR	Spanish	COLOR	Spanish
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 25, at 9-a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician (Physician or midwife)

Given names added from a supplemental report

May 25 1915

Address Bruneau

J. C. Bartlett Registrar

Filed May 25 1915 J. C. Bartlett Registrar

B-Y CO. 20174

STATE OF IDAHO)
) ss
County of Ada)

Damaso Monasterio, being first duly sworn, deposes and says; that he is the father of Dionicio Monasterio, a boy now of the age of fifteen (15) years; that the birth of the said Dionicio Monasterio, which occurred on the 25th day of May, 1915, at Hot Springs in Owyhee County, Idaho, was duly reported and registered in the Bureau of Vital Statistics in the Department of Public Welfare of the State of Idaho at or about the date of said birth and that the birth certificate of the said boy in said department is #31036; that through some clerical error in reporting said birth or in preparing the records of said department, the name of said boy is given in said birth certificate as "Frank Curtis Monasterio" which is incorrect, his real and true name being "Dionicio Monasterio", and the sex of said child is given in said certificate as "female" which is incorrect, said child being in fact, male; that but one child was born to affiant during the year 1915, namely, the boy Dionicio Monasterio, referred to herein and that the said birth certificate should be corrected accordingly.

Further affiant sayeth not.

Damaso Monasterio

Subscribed and sworn to before me this 14th day of February, 1931.

[illegible]
Residing at Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Elmore)

Certificate No. # 31036

Date Filed 6-25-1915

The undersigned does solemnly swear that certain facts on the certificate

of Birth (birth or death) for Dionicio Monasterio (Name on original certificate) who was born (was born or died)

on 6-25-1915 (Date of event) in Hot Springs (Place of event) are erroneous ~~or were omitted~~;

and that, to the best of his knowledge, the true facts of the case as shown

by Church record of Baptism (Bible record, insurance plcy.etc.) prepared on March 13, 1914 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Dionicio	Bird October 3. 1913
	Monasterio	Dionicio
Birthdate	5-25-1915	Monasterio

Subscribed and sworn to before me this 25th day of September 1941

Signed Fidel Monasterio
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Notary Public~~ Probate Judge

Residing at Mountain Home Idaho (Street address, City, State) Mountain Home, Idaho

~~My commission expires~~

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Elmore)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September 1941

Signed Fidel Monasterio
(Signature of any credible person other than the previous affiant.)

~~Notary Public~~ Probate Judge

Residing at Mt Home Idaho (Street address, City, State) Mountain Home, Idaho

~~My commission expires~~

(SEAL)

NOV 25

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of prior time one child of birth, a SEPARATE RECORD must be made, [illegible] and the [illegible] of each, in order of birth [illegible]

County of Benewah

City of DeSmet

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 31 File No. [illegible]

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joseph Kuilpilshten

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		illegitimate	June 8, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kuilpilshten Saapten	FULL MAIDEN NAME	Susan Joseph Spokane Michel
RESIDENCE	Nez Perce Reserve	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Nez Perce Reserve	BIRTHPLACE	Spokane Reserve
OCCUPATION	not known	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Indian Massela (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address DeSmet, Idaho

Filed June 12 1915 John Post, Asst Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

236-27-029-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. N

CERTIFICATE OF BIRTH

31039

County of Latah

City of Kendrick

Registration District No. 63

File No.

No. ..... St.

Primary Registration District No. 2143

Registered No. 74

Hospital

FULL NAME OF CHILD Joycia Lillian Slocum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	6 27 15 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Slocum	Meda Bailey
RESIDENCE	near Kendrick Ida	Pomeroy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	R. I.	Neb
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed June 27 19 15 J. E. Hoyt Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

OCT 8 1942

MAY 3 1967

DECEASED

364-107-029-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 31040

Primary Registration District No. 2143 Registered No. 73

FULL NAME OF CHILD Sterling Tout

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Tout	FULL MAIDEN NAME	Stella Mattingley
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Key
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed June 7 1915 J. E. Hoyt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

386101-029-266

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 31041

Primary Registration District No. 2143 Registered No. 72

FULL NAME OF CHILD John Andrew Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 1st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sydney G. Thomas	FULL MAIDEN NAME	Rosa Lee Soots
RESIDENCE	Near Kendrick Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed June 2 1915 J. E. Hoyt

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1962

AUG 31

APR 28

123-221-020-351

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31042

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 27

Hospital —

FULL NAME OF CHILD Louisa Beatrice Astoreca

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	June 21st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Astoreca	FULL MAIDEN NAME	Jesusa Leanis
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Hwife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Mountain Home

Registrar

Filed 6/22 1915 B. W. Mather
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF

PLACE OF BIRTH

4-8-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

APR 3 1970

Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 31042

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Astoreca (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1915 (Date of Event) in Mtn. Home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Louisa Beatrice Astoreca

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of April 1970

Edna L. Cook

Notary Public, residing at Boise, Idaho

My commission expires July 1, 1971

(Seal)

Signed Celestina Arana
(Signature of Any Credible Person)

1401 So. Cole Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho gives name of mother as Louisa Beatrice Astoreca. Child born Sept. 3, 1951.- APR 8 1970
Viewed by V.S.

Social Security Card gives name as Louisa Beatrice Astoreca, # 519 05 6142 issued August 26, 1937.
Viewed by V.S.

437-122-020-395

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 31043

No. — St.

Primary Registration District No. 2020 Registered No. 29

Hospital —

FULL NAME OF CHILD Alden Lee McGuire

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		—	yes	March 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Foster McGuire	FULL MAIDEN NAME	Anita Pearl Coelter
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	McDonald Co. Mo.	BIRTHPLACE	Polk Co. Minnesota
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

Mtn Home Ida Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mtn Home Ida

Filed July 10th 1915 B W Mather

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

1945

DEC 2 1952

JUN 29 1961

215-203-020-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 31044

Primary Registration District No. 2020

Registered No. 28

FULL NAME OF CHILD Alta Sandel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Sandel	FULL MAIDEN NAME	Elsie Hinkel
RESIDENCE	Pocatello	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	France	BIRTHPLACE	Kas
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed July 10th 1915 B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

834 ~~220~~-020-139

PLACE OF BIRTH

[redacted]

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 31045

No. —— St.

Primary Registration District No. 2020 Registered No. 26

Hospital —

FULL NAME OF CHILD DOLORES YTURRI

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
7	—	—	yes	June 20th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Yturri	FULL MAIDEN NAME	Christina Alzola
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Retail Grocer	OCCUPATION	Hwife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mountain Home

Filed 6/21 1915 B. W. Mather Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss. Certificate No. 31045

County of Clark } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dora Yturri (Name on Original Certificate) who was born (Was Born or Died) on June 20 1915 (Date of Event)

in Mtn. Home Idaho (Place of Event) are erroneous or were omitted; and that, ~~to the best of his knowledge,~~ the

true facts are ~~shown by~~ shown to me personally (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dora	Dolores Yturri

Subscribed and sworn to before me this 27th day of July 1942

Ines Yturri

Notary Public, residing at Las Vegas, Nev.

My commission expires April 22, 1946

(Seal)

Signed Victor Yturri

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14 Clark Ave Las Vegas Nev.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.

County of Clark }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July 1942

Ines Yturri

Notary Public, residing at Las Vegas, Nev.

My commission expires 4/22/1946

(Seal)

Signed Phyllis Belaustegui

(Signature of Any Credible Person Other Than Previous Year)

1244 - So - Duncan ave Los Angeles California

(Street Address, City, State)

AUG 3 1942

APR 22 1963

AUG 5

415-21-014-415

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 2 31046

Primary Registration District No. 2130 Registered No. 11

FULL NAME OF CHILD Rogers Sherman Van Dorken

Sex of Child	Is Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	-	-	yes	June (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Paul N. Van Dorken		Mary Ruth Davis
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	N. York.	BIRTHPLACE	N. York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 16 1915 Crispin Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

165 122 1014 863

PLACE OF BIRTH

County of Canyon

City of New Fruitland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31047

Registration District No. 51 File No. 2

Primary Registration District No. 2150 Registered No. 10

FULL NAME OF CHILD George Arthur Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	May 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George R. Jones	FULL MAIDEN NAME	Nora Ellen Hollenbeck
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	farming	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 10 1915 Crispin Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 3

264-102-042-213

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31048

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Thomas Ralph Kodish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Kodish	FULL MAIDEN NAME	Emma Kacalak
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bohemia.	BIRTHPLACE	N. Dak.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida.

Filed 7-10 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

JAN 29 1971

MARGIN RESERVED FOR BINDING

E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-116042-249

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31049

Registration District No. 39 File No. _____

Primary Registration District No. 2077 Registered No. _____

FULL NAME OF CHILD Lowell Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	6 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Burt Hough.	FULL MAIDEN NAME	Nora Smithala
RESIDENCE	5 S. Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.45 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address Buhl Ida

_____ Registrar Filed 6-17 1915 J. H. Murphy Registrar

S-Y CO. 24655

DUP061915-299822

619-47:042-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31050

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 7081 Registered No.

Hospital

FULL NAME OF CHILD Rosa Warsom

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	June 17 (Month) (Day) 191 0 (Year)

FATHER	MOTHER
FULL NAME Cyrus N. Warsom	FULL MAIDEN NAME Clara M. Greenwood
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white AGE AT LAST BIRTHDAY 39 (Years)	COLOR white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ill
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuter

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-26 1918 J. H. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-113-609-000

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 31053

No. ..... St.

Primary Registration District No. 2155 Registered No. 798

Hospital .....

FULL NAME OF CHILD David Berger Hjalmar Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	5-13-1915

FATHER		MOTHER	
FULL NAME	Arvid Peterson	FULL MAIDEN NAME	Edith
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Ida

Filed July 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-205-009-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 31054

County of Bonner

City of Dover

No. ..... St.

Hospital .....

Registration District No. 78 File No. 799

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Lenore Lasley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	5 - 5 - 1913

FATHER

FULL NAME: A. A. Lasley

RESIDENCE: Dover Ida

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Va.

OCCUPATION: Boat-Keeper

MOTHER

FULL MAIDEN NAME: Ella Inkeway

RESIDENCE: Dover Ida

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Mich.

OCCUPATION: housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. R. Patterson

(Physician or midwife)

Address Sand Point

Filed July 8, 1913 M. McKinnon Registrar

8-Y CO. 24659

1.4-4

6 84 114 009-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Boise

City of Lucile

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31055

Registration District No. 78 File No. _____

Primary Registration District No. 2155 Registered No. 800

FULL NAME OF CHILD Richard Wyman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 19 1915

FATHER		MOTHER	
FULL NAME	Joseph Wyman	FULL MAIDEN NAME	Eliza Hull
RESIDENCE	Lucile	RESIDENCE	Lucile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen

(Physician or midwife)

Address Lucile, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 8 1915 M. McKinnon Registrar

S-Y CO. 24695

995-227-009-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

Registration District No. 78 File No. 31056

No. ..... St.

Primary Registration District No. 2155 Registered No. 801

Hospital .....

FULL NAME OF CHILD Ragna Ringstad

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	5 27 1915

FATHER		MOTHER	
FULL NAME	Gust Ringstad	FULL MAIDEN NAME	Mary Hanson
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	H. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sand point Ida

Filed July 8 1915 M McKinnon Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-220-22

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31057

County of Ada

City of Boise

Registration District No. 106 File No.

No. S.

Primary Registration District No. 2184 Registered No. 30

Hospital

FULL NAME OF CHILD Name? Stella Ruth

Sex of Child	Number in order of birth (in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	6 - 20 1915

FATHER

FULL NAME: Otto J Johnson

RESIDENCE: Boise

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Victoria A Gaul

RESIDENCE: Boise

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Texas

OCCUPATION: Domestic

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. R. A. Lyle

Midwife (Physician or midwife)

Address Boise - Idaho

Filed July 1 1915 J.M. Verbeck Registrar

S-Y CO. 24655

[redacted]

[redacted]

846-210-025-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 31058

Primary Registration District No. 2184 Registered No. 27

FULL NAME OF CHILD ~~[illegible]~~ AMSEL RETA Huff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	6 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Will Mullins Huff	FULL MAIDEN NAME	Belle Vina Mitchell
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Filed July 1 1915 J. M. Verbeckmoes
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

FEB 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31058

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lunzel Ritta Huff	Amsel Reta Huff

Subscribed and sworn to before me this 26th day of February, 1942.

Bertha McGregor
Notary Public, residing at Grangeville Ida.
My commission expires Aug. 1-1944.
(Seal)

Signed Bella V Huff Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

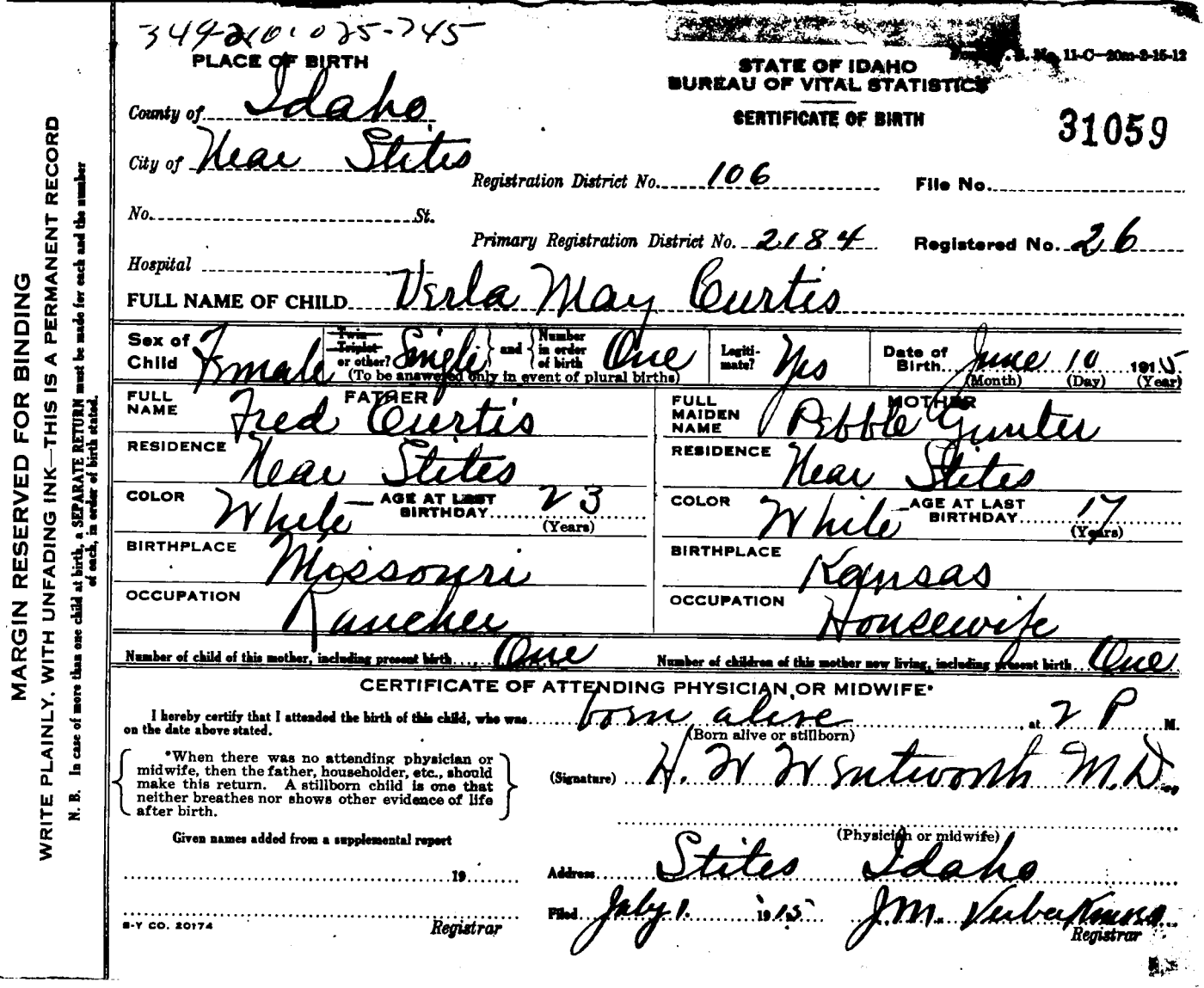
Subscribed and sworn to before me this 26th day of February, 1942.

Bertha McGregor
Notary Public, residing at Grangeville Ida.
My commission expires Aug 1-1944.
(Seal)

Signed William M Huff. Father
(Signature of Any Credible Person Other Than Previous Year)

Grangeville Idaho
(Street Address, City, State)

MAR 3 1942



34-20:025-745

PLACE OF BIRTH

County of Idaho

City of Near States

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31059

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 26

FULL NAME OF CHILD Verla May Curtis

Sex of Child	Twin—Triplet—or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	One	Yes	June 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Curtis	Bobbie Gunter
RESIDENCE	Near States	Near States
COLOR / AGE AT LAST BIRTHDAY (Years)	White — 23	White — 17
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. W. Entworth M.D.
(Physician or midwife)

Address States Idaho

Given names added from a supplemental report

..... 19.....

Filed July 1. 1913 J.M. Verbeck
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 27 1962

238-112-025-854

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. _____ St.

Hospital _____

Registration District No. 106 File No. 31060

Primary Registration District No. 2184 Registered No. 28

FULL NAME OF CHILD William Charles Schlieper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				June 12 1915

FATHER		MOTHER	
FULL NAME	William Schlieper	FULL MAIDEN NAME	Maggie Stemphill
RESIDENCE	Kooskia – Idaho	RESIDENCE	Kooskia – Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeerkuren

Physician (Physician or midwife)

Address Kooskia – Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 1 1915 J. M. Verbeerkuren Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

NOV 14 1960

393-124002 S-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31062

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 21844 Registered No. 31

FULL NAME OF CHILD James Wesley Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 24 1915

FATHER		MOTHER	
FULL NAME	Charles Little	FULL MAIDEN NAME	Annie Parnell
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbenkamp

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 1 1915 J. M. Verbenkamp Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-209.030-528

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31063

Registration District No. 41 File No. ~~141~~

Primary Registration District No. 2116 Registered No. 141

FULL NAME OF CHILD Franklin Alexander O'Neil

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paris O'Neil	FULL MAIDEN NAME	Ivy Eby
RESIDENCE	Leadore Ida	RESIDENCE	Leadore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. McCombs Md

Physician
(Physician or midwife)

Address Leadore Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed July 10 1915 Edith D. Herndon Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1945

415-2110030-240

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Leodore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31064

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 142

ELIA MAY DAVIDSON

FULL NAME OF CHILD not named Ella May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Feb 11 1915

FATHER		MOTHER	
FULL NAME	R H Davidson	FULL MAIDEN NAME	Ella Burks
RESIDENCE	Leodore Ida	RESIDENCE	Leodore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P McComb

Physician (Physician or midwife)

Address Leodore Ida

Given names added from a supplemental report.

..... 19....

Filed July 10 1915 Edith D. Herndon Deputy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1954

Amended 1-2-1958

PLACE OF BIRTH

818-8241 030-253

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 31066

Primary Registration District No. 2116 Registered No. 144

FULL NAME OF CHILD Edna Hayes

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	XXXX	1st	Yes	April 24, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Hayes	FULL MAIDEN NAME	Myrtle Bell
RESIDENCE	Jackson, Wyoming	RESIDENCE	Jackson, Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) F. T. McComb

Physician (Physician or midwife)

Address Leadore, Idaho

Filed 7-10-15 [redacted] Edith D. Herndon Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. Edna Mary Hayes Born 1st

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hays / Al born (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1915 (Date of Event)
in Leadore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	(The Correct Facts)
Child's name	missing	Edna Mary Hayes

Cert. of Marriage - 9-9-[illegible] Montana
School Record - Lemhi Co. - 5-28-26

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

266-112-016-236

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 31067

Primary Registration District No. 2196 Registered No. 334

FULL NAME OF CHILD Not Named John Raymond Bowling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6-17-1918

FATHER	MOTHER
FULL NAME Ernest E Bowling	FULL MAIDEN NAME Clara Story
RESIDENCE Burley Ida	RESIDENCE Burley Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Idaho
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) C C Story

(Physician or midwife)

Address Burley Idaho.

Filed July 13 1918 Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955.103-016-61

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31068

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 334

FULL NAME OF CHILD [redacted] Albert John Renner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6-3 1916

FATHER	MOTHER
FULL NAME John Renner	FULL MAIDEN NAME Jessie Fallon
RESIDENCE Burley Ida R 2	RESIDENCE Burley Ida R 2
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo	BIRTHPLACE Wyoming
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

(Physician or midwife)

Address Burley Ida.

Filed July 13 1916 Dr. J. C. Patterson

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 5 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho)
County of Gooding) ss.

Certificate No. 31068

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for name omitted (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Albert John Renner

Subscribed and sworn to before me this 3rd day of February, 1945.

Signed Jessie Virginia Renner (Signature of parent or attendant if certificate is birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Gooding, Idaho

My commission expires July 28, 1947 (Seal)

Gooding, Ida. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho)
County of Gooding) ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February 1945.

Signed Adeline Anglin (Signature of Any Credible Person)

Notary Public, residing at Gooding, Idaho

My commission expires July 28, 1947 (Seal)

Gooding, Ida. (Street Address, City, State)

FEB 7 1945

144-210-016-215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31069

County of Cassia

City of Burley R 1

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 337

Hospital

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6-10-1915

FATHER		MOTHER	
FULL NAME	Lowell Judd	FULL MAIDEN NAME	Bertha Savage
RESIDENCE	Burley R 1	RESIDENCE	Burley R 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story

Burley Ida.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed July 13th 1915 Dr. J. C. Patterson

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-208-016-546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 31070

Primary Registration District No. 2196 Registered No. 338

FULL NAME OF CHILD Inez Loraine Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Fem	3 (To be answered only in event of plural births)	yes	5 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W H Bennet	FULL MAIDEN NAME	Nellie Edwards
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer & Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 15 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Story

Burley Ida.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 13th 1915 Dr. J. C. Patterson

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1970

299-212 & 16-755

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31071

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 339

FULL NAME OF CHILD Virginia Madalyn Bridges

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	6 - 12 - 1915

FATHER		MOTHER	
FULL NAME	Homer Bridges	FULL MAIDEN NAME	Pansy Pearl Pence
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Transfer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed July 13th 1915 Dr. J. C. Patterson

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-211-016-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117. File No. 31072

Primary Registration District No. 2196. Registered No. 327

FULL NAME OF CHILD Hazel G. Moreland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes	7-11-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Roy W. Moreland	FULL MAIDEN NAME	Myrtle Andrews
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12th 1915. Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-11-8-016-5-71

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 31073

Primary Registration District No. 9196 Registered No. 328

FULL NAME OF CHILD Herman Dayley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	6-18-15 1915

FATHER

FULL NAME: G. H. Dayley

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Theresa Egan

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth: 12

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 20th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

1/14/41/ EA

DEC 4 1943

235-109-016-114

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31074

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 329

FULL NAME OF CHILD Mitchell Monroe Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes.	6-9-15 191... (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. M. Stevens	FULL MAIDEN NAME	Elizabeth Jamison
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Burley, Ida.

Filed June 10th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-211918

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PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31075

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2194 Registered No. 330

FULL NAME OF CHILD Wm. Donald Kreflin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	6-18-15 191... (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. J. Kreflin	FULL MAIDEN NAME	Elizabeth Myers
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8. a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Burley, Ida.

Filed June 20th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL

CERTIFICATE

294.125.016.755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31076

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 331

FULL NAME OF CHILD Arnold Rudd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	6-25-15 1915

FATHER		MOTHER	
FULL NAME	John F. Rudd	FULL MAIDEN NAME	Mary Pendergrass
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Tenn.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 29 1915 Dr. J. C. Patterson Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

MAY 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-205-016-319

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31077

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 332

FULL NAME OF CHILD Alice Marguerite Bair

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	Single	1st	Yes	June 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Bair	FULL MAIDEN NAME	Gladys Carson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	South Carolina	BIRTHPLACE	Idaho USA
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Cramer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed June 7th 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

SEP 24 1945

12

363-113.016.539

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31078

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 333

FULL NAME OF CHILD Almo J. Solman

Sex of Child: Male. Twin, Triplet or other: Single and Number in order of birth: 10 (To be answered only in event of plural births) Legitimate? Yes Date of Birth: June (Month) 13 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: William C Solman	FULL MAIDEN NAME: Amanda E Sisson
RESIDENCE: Burley.	RESIDENCE: Burley.
COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah USA.	BIRTHPLACE: Utah USA.
OCCUPATION: Farmer	OCCUPATION: Housewife —

Number of child of this mother, including present birth: 10th Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E E Fraser

Physician

(Physician or midwife)

Address Burley. Idaho

Filed June 15th 1915 Dr. J C Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-106 c 09-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

31079

County of Bonner

City of Priest River

No. ..... St.

Registration District No. 81 File No. 2

Primary Registration District No. 215-5 Registered No. 40

Hospital .....

FULL NAME OF CHILD Thomas Robert Bowling

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Clarence Bowling	Nina Yoder
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	~~Carroll~~ Kansas	Oregon
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna McCauley

Physician (Physician or midwife)

Address Priest River

Given names added from a supplemental report

..... 19.....

Filed June 15 1915 Edna McCauley

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-11 81 009-884

PLACE OF BIRTH

County of Bonner

City of Priest River

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-15-12

CERTIFICATE OF BIRTH

31080

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD HOUSTON L. Leslie Houston Underwood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	June 18 1915

FATHER		MOTHER	
FULL NAME	Leslie O Underwood	FULL MAIDEN NAME	Fossie Hyden
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	New York	COLOR	White
OCCUPATION	Saw Mill Workers	AGE AT LAST BIRTHDAY (Years)	14
		BIRTHPLACE	Idaho
		OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder MD

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed _____ 19____

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILED JUNE 1915

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Thurston }

Certificate No. 31080

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leslie Houston Underwood (Name on Original Certificate) who born (Was Born or Died) on June 18th, 19[illegible] (Date of Event)
in Priest River, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leslie Houston Underwood	Houston L. Underwood

Subscribed and sworn to before me this 18
day of May, 1942.

Notary Public, residing at Olympia, Wn
My commission expires May 6-1944
(Seal)

Signed Mrs Flossie E. Carr (formally Underwood)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

#30 East Bay Drive Olympia, Wn
1264 - [illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of January, 1942.

Notary Public, residing at Olympia
My commission expires March 6, 1943
(Seal)

Signed Leah M Neary
(Signature of Any Credible Person Other Than Previous Year)

[illegible] (Street Address, City, State)

FEB 13 1943

814.211-009-235

PLACE OF BIRTH

Amended 5/1/75

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31081

County of Bonner

City of Priest River

Registration District No. 81 File No. 1

No. St.

Primary Registration District No. 2158 Registered No. 38

Hospital

FULL NAME OF CHILD Lois Louise Hanushan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Hanushan	Rosamond Frederica Klein
RESIDENCE	Town 57 R 4 W B M	Town 57 N R. 4 W B M
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	44	30
BIRTHPLACE	England	Ill.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. McCarty

Physician (Physician or midwife)

Address Priest River Idaho

Given names added from a supplemental report

..... 19.....

Filed June 15 19 15 E. D. McCarty

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BIRTH MAR 20 1975

MAR 21 2019

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 14 11 43 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. 31081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louis Louise Hamshar (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1915 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Louis	Lois

Subscribed and sworn to before me this 2 day of April, 19 75

Notary Public, residing at Sandpoint

My commission expires 7-3-77

(Seal)

Signed Ellen G Hamshar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/19/75

Baptismal Certif. from Congretional Church of Priest River, Idaho gives name asLois Louise Hamshar. Baptized July 2, 1916. Born Nov. 6, 1915. viewed by VS

Diploma from Priest River High School, Priest River, Idaho gives name as Lois L. Hamshar. dated May 17, 1933. viewed by V. S.

MAY 1 1975

MAR 2 1 2019

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

266-224-021-555

[redacted] BOARD OF HEALTH FILE No. 31082

C[redacted]FICATE OF BIRTH,

STATE OF [redacted]

IDAHO

PLACE OF BIRTH

County of Franklin

Precinct of Franklin

Town or Village of Idaho

City of

Street and No.

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Deon Bowman { If child is not yet named, make supplemental report as directed

Sex of Child	~~Twin, Triplet,~~ or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth [Month] [Day] [Year]
Girl			1st	Yes	April 24, 1915

FATHER		MOTHER	
FULL NAME	E. M. Bowman	FULL MAIDEN NAME	Adah Neeley
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY [Years]	26th	AGE AT LAST BIRTHDAY [Years]	20
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farming	OCCUPATION	Wife

Number of Child of this Mother One

Number of children of this Mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on April 24th 1915 at 4 45 A M.

Premature _____ or Still Birth? _____ (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] H A Adamson

Date April 30 1915

M.D.

[Physician or Midwife]

Give name added from supplemental report

_____ 19

_____ REGISTRAR.

Address of Physician or Midwife

Filed 6/16 1915 D A R Cutler REGISTRAR.

Registered No. 148.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

1 21-13 10m
72367

Information for Physicians, Midwives, Parents and Others Required to Report Births

MAY 2 9 1975

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birt occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be th duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in whic the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blan from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * co nected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such informatic as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through th local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfa tory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Se 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the wor "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhaust before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return san for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number a make a copy of the original certificate for your local record. If the name of the child is not reported give the person who ma the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplement report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after ente ing name or other fact on your copy. If the child died before being named, the report should be made with the statemen "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, c any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglec or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilt of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of thi Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instruction and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misde meanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED

168-130-021-753

31083

STATE BOARD OF HEALTH FILE No. 31083

CERTIFICATE OF BIRTH,

STATE OF ~~UTAH~~ IDAHO

PLACE OF BIRTH

County of Franklin

Precinct of Franklin

Town or Village of Idaho

City of

Street and No.

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Harmon Johnson

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, ~~Triplet,~~ or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth
Boy			1st	Yes	April 30, 1913 [Month] [Day] [Year]

FATHER		MOTHER	
FULL NAME	Ernest Johnson	FULL MAIDEN NAME	Ruby Peterson
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 [Years]	AGE AT LAST BIRTHDAY	21 [Years]
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Franklin
OCCUPATION		OCCUPATION	Wife

Number of Child of this Mother One

Number of children of this Mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on April 30th 1913 at 5 a. M.

Premature ——— or Still Birth? ——— (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] H A Adamson

Date ——— 19

M.D.

[Physician or Midwife]

Give name added from supplemental report

——— 19

REGISTRAR.

Address of Physician or Midwife

Filed 6/16 1913 Dr A R Cutler

REGISTRAR.

Registered No. 147

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

21-13 10m
72367

Information for Physicians, Midwives, Parents and Others Required to Report Births

JUL 2 194[illegible]

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered i the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birt occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be th duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in whic the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blan from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * co nected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such informatio as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through th local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfa tory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Se 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the wor "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhauste before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return sam for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number an make a copy of the original certificate for your local record. If the name of the child is not reported give the person who mad the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplement report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after ente ing name or other fact on your copy. If the child died before being named, the report should be made with the statemer "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, c any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall negle or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilt of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of thi Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instruction and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misde meanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollar

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

6-11-14 10M
20417

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR [redacted] BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING [redacted] LY REGISTERED.

STATE B[redacted]LTH FILE No. 31084

445-104-016-493
PLACE OF BIRTH

CERTI[redacted]TE OF BIRTH,

STATE OF [redacted]. Idaho

County of Bassin

Precinct

Town or Village of Naf

Street and No.

City of

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Charles Oscar Dunn { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth [Month] [Day] [Year]
male				yes	May 4 1915

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Levi Dunn	Mary Ann Miller
RESIDENCE	Naf Ida.	Naf. Ida.
COLOR	white	White
AGE AT LAST BIRTHDAY [Years]	31	32
BIRTHPLACE	Millville, Utah	Wellsville, Utah
OCCUPATION	Farmer	

Number of Child of this Mother 7 Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on May 4th 1915, at 11:15 A.M.

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] Letitia S Dunn

Date May 12 1915

[Physician] Midwife]

Address of Physician or Midwife Logan Utah

Filed 19 [redacted] Salt

REGISTRAR.

Registered No.

Give name added from supplemental report

19

REGISTRAR.

N. B. — In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Information for [illegible]ians, Midwives, Parents and Others . . . Required to Report Births

Section 2056x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the words **"No Physician or Midwife,"** filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office **immediately;** give the certificate its proper registered number and make **a copy** of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

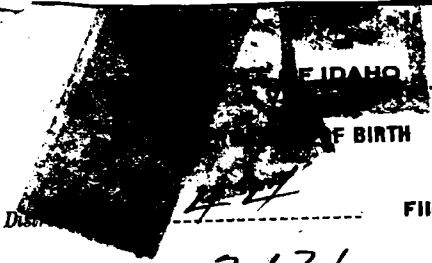
Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

499-204037-851



Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO [redacted] TICS

[redacted] F BIRTH

31085

PLACE OF BIRTH

County of Cuyhee

City of Hot Spring

Registration Dist[redacted] 44

File No.

No. ✓ St.

Primary Registration District No. 2121

Registered No. 4

Hospital ✓

FULL NAME OF CHILD Edith Urizar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	June 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pio Urizar	FULL MAIDEN NAME	Prudentia Yarriggo
RESIDENCE	Hot Spring Idaho	RESIDENCE	Hot Spring Idaho
COLOR	Spanish	COLOR	Spanish
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 4 at 10 9. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Bartlett

Physician

(Physician or midwife)

Given names added from a supplemental report

June 4 1915

J C Bartlett

Registrar

Address Bruneau Idaho

Filed June 4 1915 J C Bartlett

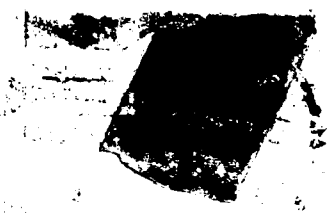
Registrar

S-Y CO. 20174.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 2 1952

MAR 1 5 1955

587-208-018-913

PLACE OF BIRTH

STATE OF ID[redacted]

Bureau of Vital S[redacted]

CERTIFICATE OF BIRTH

[redacted]V. S. No. 11-C—10m-8-7-11

31086

County of Clearwater

City of Orofino

Registration District No 90 File No.

No ....., ... St.

Primary Registration District No. 2168 Registered No. 27

Hospital

FULL NAME OF CHILD Bernice Evelyn Nygard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 8, 1915

FATHER		MOTHER	
FULL NAME	Tom Nygard	FULL MAIDEN NAME	Pattie Zulenkis
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19....

Filed June 8 1915 J. M. Fairly Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 20 1976

132-214-018-296

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Near Russell

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 31087

Primary Registration District No. 2168 Registered No. 28

FULL NAME OF CHILD Clara Marie Albers

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 14, 1915

FATHER		MOTHER	
FULL NAME	Gustav A. Albers	FULL MAIDEN NAME	May Brown
RESIDENCE	Near Russell, Ida	RESIDENCE	Near Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Orofino, Idaho

Filed June 14 1915 J. M. Fairly

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 18 1942

STATE OF IDAHO

AUG 2 1966

PLACE OF BIRTH

AUG 23 1967

APR 30 1974

DECEASED

385·122·018-936

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 31088

Primary Registration District No. 2168 Registered No. 29

FULL NAME OF CHILD Charles Edelbert Lynch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 22, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Lynch	Alice Coles
RESIDENCE	Orofino Ida	Orofino, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Mich	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

(Physician or Midwife)

Address Orofino, Ida

Filed June 22 1915 J. M. Daily Registrar

Given names added from a supplemental report

....., 19..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

[redacted] 25 1971

AUG 18 1971

653-119-018-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Charnater

City of Orofino

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 31089

Primary Registration District No. 2168 Registered No. 30

FULL NAME OF CHILD Roy Frederick Welch

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June 19, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Welch	FULL MAIDEN NAME	Mabel Docking
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino, Idaho

Filed June 19, 1915 J. M. Fairly

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued Jan. 7, 1941. E.W.

299-228-018-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 31090

Primary Registration District No. 2168 Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 28, 1915

	FATHER		MOTHER
FULL NAME	Marion R. Britton	FULL MAIDEN NAME	Nellie A. Peterson
RESIDENCE	Ahsahka, Ida	RESIDENCE	Ahsahka, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kentucky	BIRTHPLACE	Calif.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino, Ida

Filed June 28 1915 J. M. Fairly Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

266-222-018-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Charwater

City of Cavendish

No. ....., ... St.

Hospital .....

Registration District No. 90

File No. 31091

Primary Registration District No. 2168

Registered No. 32

FULL NAME OF CHILD Mary Louise Bowler

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	X		X	Yes	May 22, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Francis Bowler	FULL MAIDEN NAME	Florence Louise Maloney
RESIDENCE	Cavandish	RESIDENCE	Cavandish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile N Horswell

(Physician or Midwife)

Given names added from a supplemental report

Address Orofino

....., 19.....

Filed July 1 1915 J M Fairly

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/3/41 L. B.

769-131-018-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Oro Fino

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. ..-C—15m-6-20-11

31092

Registration District No. 90 File No. .....

Primary Registration District No. 7168 Registered No. 33

FULL NAME OF CHILD ~~SPENCER~~ Harold Gore

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	X	X	Yes	5/31/1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Harold Gore	FULL MAIDEN NAME	Mary Spencer
RESIDENCE	Oro Fino	RESIDENCE	Oro Fino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell

Oro Fino Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 1 1915 J M Fairly Registrar

Registrar

S-Y CO., 16670

11-7-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Madison }

Certificate No. 31092
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Joseph Harold Gore, Jr. (Name on original certificate) who was born (Was born ~~or died~~) on May 31, 1915 (Date of event) in Orofino, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by insurance policies (Bible record, insurance policy, etc.) prepared on Sept. 1, 1937 and 9/22/1938 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Joseph HaroldGore, Jr.	Spencer Harold Gore

Subscribed and sworn to before me this 8th day of November, 1941

John L. Fechte
Notary Public, residing at Venice Ill
My commission expires March 9 1943
[SEAL]

Signed Joseph Harold Gore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

707a Broadway, Venice, Ill.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1941

John L. Fechte
Notary Public, residing at Venice Ill
My commission expires March 9 1943.
[SEAL]

Signed Mary Spencer Gore
(Signature of any credible person other than the previous affiant.)

707a Broadway, Venice, Ill.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 15 1942

141-122-018-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Grier

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 31093

Primary Registration District No. 2168 Registered No. 34

FULL NAME OF CHILD Loren Eliss Adair

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	X	X	Yes	June 22, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earnest James Adair	FULL MAIDEN NAME	Margaret Grier
RESIDENCE	Grier Idaho	RESIDENCE	Grier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Horswell

(Physician or Midwife)

Given names added from a supplemental report

Address Oro Fino Idaho

....., 19.....

Filed July 1 1915 J M Fairly

Registrar

Registrar

S-Y CO., 16670

154-225-018-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Woodland Registration District No. 90 File No. 31094

No. ....., ... St.

Primary Registration District No. 2168 Registered No. 35

Hospital .....

FULL NAME OF CHILD Viola Anderson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	X		X	Yes	June 25, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Anderson	FULL MAIDEN NAME	Myrtle Carr
RESIDENCE	Woodland Idaho	RESIDENCE	Woodland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M. Horswell

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ow Tim

Registrar

Filed July 1 1915 J. McFarly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 5 1957

DECEASED

691-119-044-986

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form [illegible] No. 11—10m-6-20-11

[redacted]

31095

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 86

File No. .....

Primary Registration District No. 1010

Registered No. 52

FULL NAME OF CHILD Frasier

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Ja	2 (Month), 19 (Day), 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander W. Frasier	FULL MAIDEN NAME	Halsey Fray Rhodes
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mont.
OCCUPATION	Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth #

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.

Weiser Ida.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Weiser Idaho

Filed 2-25 1915 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619-127-044-[illegible]

PLACE OF BIRTH

[illegible] STATISTICS

County of Washington

City of Weiser

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 31098

Primary Registration District No. 1010 Registered No. 38

FULL NAME OF CHILD GLENN CLYDE CHARLES FAIRHURST

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	1	7	Yes	1 (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Fairhurst	FULL MAIDEN NAME	
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Cook.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James E. Tanant.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-26 1915 W. R. Hamilton

Registrar

S-Y CO. 24655

Registrar

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 31098
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Glenn Clyde Charles Fairhurst

Subscribed and sworn to before me this 29 day of Dec. 19 41

Notary Public, residing at Grangeville, Idaho

My commission expires 8-8-45

[SEAL]

Signed Ada B. Fairhurst Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of Dec. 19 41

Notary Public, residing at Grangeville, Ida.

My commission expires 8-8-45

[SEAL]

Signed Fred G. Fairhurst Father
(Signature of any credible person other than the previous affiant.)

Grangeville, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 2 5 1969
DEC 2 4 1974

731-115 1044-

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31101

County of Washington

City of Weiser

Registration District No. 86 File No.

No. — St.

Primary Registration District No. 1010 Registered No. 64

Hospital —

FULL NAME OF CHILD John Dale Glasby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	—	yes	6 - 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Glasby	FULL MAIDEN NAME	Maud Kiser
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Cloud Co. Kas.	BIRTHPLACE	Weiser Ida
OCCUPATION	Rancher.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 7-2 1915 W. R. Hamilton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1972

INDING
A PERMANENT RECORD

296-102-044-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31102

Registration District No. 86 File No.

Primary Registration District No. 1010 Registered No. 66

FULL NAME OF CHILD Egral Arthur Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Brown	FULL MAIDEN NAME	Ethel Lakey
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Washington Co Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Idaho

Filed 6-26 1915 W. R. Hamilton Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

547-213-044-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31103

County of Washington

City of Olds Ferry

Registration District No. 86 File No.

No. — St.

Primary Registration District No. 2112 Registered No. 67

Hospital —

FULL NAME OF CHILD Eva May Wagner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	5 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clem Wagner	FULL MAIDEN NAME	Bernice Perkins
RESIDENCE	Olds Ferry Ida.	RESIDENCE	Olds Ferry Ida.
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Toledo Ohio.	BIRTHPLACE	Kanhongong Mo.
OCCUPATION	Pump. man. R.R.	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Filed 5-26 1915 W. R. Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1972

863-225-084-619

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31104

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 68 RJS

FULL NAME OF CHILD Holbrook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	Yes	Feb 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Holbrook	Rose L Fairbursh
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	30
BIRTHPLACE	Union Oregon	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed 6-26 19 15 W. R. Hamilton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLBROOK

DUP OF 1915 D 71-426

Dup of De 71-426

555-113-1044154

PLACE OF BIRTH Amended 10/12/78

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31105

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2112 Registered No. 69

Hospital Marshall

FULL NAME OF CHILD Eugene Everett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Nov 13, 1915

FATHER		MOTHER	
FULL NAME	Eugene Everett	FULL MAIDEN NAME	Clara Andrews
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Baker city Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7⁰⁰ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed 6-26 19 16 W. R. Hamilton
Registrar

.....
Registrar

S-Y CO. 20174

2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 2 52 PM '78
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31105

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Eugene Everett, Jr. (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1915 (Date of Event) in Weiser, Idaho (Wash. Co.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Eugene Everett, Jr.	Eugene Marshall Everett
date of birth	March 22, 1915	March 13, 1915

Subscribed and sworn to before me this 6th day of July, 19 78

JOSETTA K. RIES
NOTARY PUBLIC-CALIFORNIA
STANISLAUS COUNTY
My Commission expires March 22, 1981

Josetta K. Ries
Notary Public, residing at Modesto, CA 95350
My commission expires March 22, 1981
(Seal)

Signed Eugene Everett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/19/77 1cc pd.

California Driver's license dated 3/5/73 gives name as Eugene Marshall Everett born Mar 13,1915. social security No. 572-01-7398. viewed by V. S.

Honorable discharge from the U.S. Army gives name as Eugene M. Everett born Mar 13, 195 in Weiser, Idaho. date od separation Nov 20, 1945. viewed by V. S.

OCT 13 1978

Amended 11-15-60

PLACE OF BIRTH

469.106.044-334

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 31106

Primary Registration District No. 2112 Registered No. 70

FULL NAME OF CHILD Lowell Ormand Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 6, 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Jesse Morgan	FULL MAIDEN NAME: Esther Ledington
RESIDENCE: Weiser, Ida. - R.F.D.	RESIDENCE: Weiser, Ida. - R.F.D.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Salubria Valley, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) James A. Young

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed 6-26-1915 [redacted] W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash. } ss.
County of Clark

Certificate No. 31106

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Morgan (Name on Original Certificate) who born (Was Born or Died) on March 6, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by bible record, Navy record, and affidavit (Bible Record, Insurance Policy, Etc.) prepared on 5-11-1960 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lowell Armond Morgan
Full Name of Father	Jesse S. Morgan	Jess S. Morgan
Full Maiden Name of Mother	Ester Ledington	Esther Ledington

Subscribed and sworn to before me this 11th day of May, 19 60

Notary Public, residing at Camas, Wash.
My commission expires 7-29-1960
(Seal)

Signed Jess S. Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2425 NE Everett Camas Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 19 60

Notary Public, residing at Camas, Wash.
My commission expires 7-29-1960
(Seal)

Signed
(Signature of Any Credible Person)

1243 [illegible]
(Street Address, City, State)

FORM DPH 55.155 CL 9-29-59. nm

Family Bible Register, appears old and unaltered, gives full name as Lowell Ormand Morgan, born March 6, 1915 at Weiser, Idaho - viewed by V.S.

Another child's birth cert. on file: #4079 gives full maiden name of mother as Esther Ledington - viewed by V.S.

Child's Death Certificate on file: #1741 gives full name of parents as Jesse Morgan and Esther A. Ledington - viewed by V.S.

Notification of Birth Registration, State of Washington, No. 50, March 12, 1937 gives full name of father as Lowell Ormand Morgan and full name of mother as Beulah Belle Hutson, birthplace of this child as Camas, Washington- viewed by V.S.

received letter from Mr. Morgan 11-14-60, father's name is to be left as it is. -

051044-769

[redacted]IRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of New Bingham

City of Meiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 31107

Primary Registration District No. 2112 Registered No. 71

R.T.P.

FULL NAME OF CHILD Raymond Jensen Wilde

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	April (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Junius Wilde	FULL MAIDEN NAME	Ollie Porter
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Ontario Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida

Filed 6-26 1915 M. R. Hamilton Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1975

2 66-219-044-914

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31108

Registration District No. 86 File No. _____

Primary Registration District No. 2112 Registered No. 72

R.F.D.

FULL NAME OF CHILD Bowman, Mildred Merle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	May 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil Bowman	Alice Rambo
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	20 (Years)
BIRTHPLACE	Milton Oregon	Keston Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alfonzo

Physician

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-26 1918 W. R. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Union } ss.

Certificate No. 31108

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on October 22nd. 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name and birth date	Omitted - and error,	Mildred Merle Bowman born May 19th. 1915

Subscribed and sworn to before me this 22nd day of October, 1942

Notary Public, residing at Elgin,
My commission expires Feb. 19-1945.
(Seal)

Signed Estella I. Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elgin, Oregon,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Union } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, [illegible]7 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Elgin,
My commission expires Feb. 19-1945.
(Seal)

Signed Sarah [redacted]
(Signature of Any Co[redacted]erson Other Than Previous Year)

Elgi[redacted], Oregon,
(Street Address, City, State)

JUN 18 1945

866-205-044-168

PLACE OF BIRTH
Amended 6-29-56

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 31109

Primary Registration District No. 2112 Registered No. 73

FULL NAME OF CHILD Velda June Hoover
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 5 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Alvin Hoover	FULL MAIDEN NAME: Rachel Pearl Johnson
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Waterloo, Iowa	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. A. Young

Physician (Physician or midwife)

Address Weiser, Idaho

Filed 6 - 26 1915 W. R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Washington

Certificate No. 31109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Velma Hoover (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Child's certificate Idaho File #389546 Weis r High School Record (Bible Record, Insurance Policy, Etc.) prepared on May 23, 1934 (Give Date), are:

Mother's Ins. Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Child's certificate - Sister's to correct mother's name
Child's name	Velma Hoover	Velda June Hoover #59189
Mother's name	Johnson	Rachel Pearl Johnson

Subscribed and sworn to before me this 28th day of June, 19 56

Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires Jan. 20, 1959
(Seal)

Signed Pearl Hoover.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 19 56

Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires January 20, 1959
(Seal)

Signed Alice C. Johns.
(Signature of Any Credible Person)

Weiser, Idaho
(Street Address, City, State)

FORM DPH 55.155

493-205-644753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 3110

No. ..... St.

Primary Registration District No. 2112 Registered No. 74

Hospital .....

FULL NAME OF CHILD Velma June Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	June 4 1915

FATHER		MOTHER	
FULL NAME	John Miller	FULL MAIDEN NAME	Anna Peterson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	BIRTHPLACE	Joliet Illinois
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Weiser Idaho
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed 6-26 1915 W. R. Hamilton
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 28 1964 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 31110

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Miller (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Diploma Lewiston State Normal Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 1, 1936 June 5, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Velma June Miller

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1964

Frank M. Jones

Notary Public, residing at Weiser, Idaho

My commission expires March 1, 1965

(Seal)

Signed Willis Peterson

(Signature of Any Credible Person)

R.R. #1, Weiser, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 9-11-64. ~~nm~~ one copy pd. rec. #6055.

Lewiston State Normal School certificate gives name as Velma June Miller
Certificate given on Sept. 1, 1936/ President, Lewiston State Normal School,
J. E. Turner
Viewed by V. S.

NOV 19 1964

Photo Copy of Page from Family Bible Record, appears old and unaltered gives one child's full name as Velma June Miller, born June 5, 1915 - viewed by V.S.

1034

255-210-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31111

County of Washington

City of Eaton

No. ..... St.

Hospital .....

Registration District No. 84

File No. .....

Primary Registration District No. 2112

Registered No. 65

FULL NAME OF CHILD Beatrice Benson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	#	1	Yes	6 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W. Benson	FULL MAIDEN NAME	Anna Francis Smith
RESIDENCE	Eaton, Idaho	RESIDENCE	Eaton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.05 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser, Idaho.

Filed 6-26 1915 M. R. Hamilton Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-[illegible]

PLACE OF BIRTH

County of Washington

City of Weiser

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31112

Registration District No. 86 File No.

Primary Registration District No. 2112 Registered No. 63

FULL NAME OF CHILD Alfred William Makin.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	6 17 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	William Makin	Julia Barnett
RESIDENCE	Weiser Ida.	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Union Oregon	Grundy Mo
OCCUPATION	Rancher.	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6-30 1915 M. P. Hamilton Registrar

S-Y CO. 24655

[redacted]
JUL 20 1965
DECEASED

613.105.040-255

Form V, S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 4 miles E. Weiser St.

Hospital ✓

Registration District No. 86 File No. 31113

Primary Registration District No. 2112 Registered No. 60

FULL NAME OF CHILD James Clarence Waldrop

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	6	yes	2 5 1913

(To be answered only in event of plural births)

FATHER

FULL NAME Jacob. Waldrop.

RESIDENCE Weiser

COLOR white. AGE AT LAST BIRTHDAY 57 (Years)

BIRTHPLACE

OCCUPATION Stockman

MOTHER

FULL MAIDEN NAME Clarence Bennett.

RESIDENCE Weiser Idaho

COLOR Whte AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Wilson Creek Ore.

OCCUPATION Housewife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....at.....M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lamar E. Smart

Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 5-26 19 15 W. R. Hamilton
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

L

FEB 6 1942

DECEASED

Dup of 1915-41956

281-127-044-363

child's sex added 11-3-87 lh

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Manns Creek St.

Hospital ✓

Registration District No. 86

File No. 31114

Primary Registration District No. 2112

Registered No. 59

FULL NAME OF CHILD GLENN LEROY SHANNON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes	Jan. 27, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Simon Shannon	FULL MAIDEN NAME	Fannie Tolle
RESIDENCE	Manns Creek.	RESIDENCE	Weiser Manns Creek.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Beaver. Co. Utah	BIRTHPLACE	Malachite. Colo.
OCCUPATION	Farmer & Stockraiser	OCCUPATION	Home wife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorraine E. Fauant

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho.

Filed 5-26 1915 W. R. Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Adams

Certificate No. 31114

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on January 27 1915 (Date of Event)
in Weis r, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge of parent (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Glenn Leroy Shannon
birthdate	Jan. 28, 1915	January 27, 1915

Subscribed and sworn to before me this 21st
day of March, 19 42.

Notary Public, residing at Council
My commission expires April 7th 1944
(Seal)

Signed Mrs Jennie Shannon Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Council, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. as father of person

Subscribed and sworn to before me this 21st
day of March, 19 42

Notary Public, residing at Council, Idaho
My commission expires April 7th 1944
(Seal)

Signed Geo Shannon Father
(Signature of Any Credible Person Other Than Previous Year)

Council, Idaho
(Street Address, City, State)

1/14/87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

OCT 29 1987

Certificate No. 31114
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Glenn Leroy Shannon (Name on Original Certificate) who was born (Was Born, Died, etc.) on January 27, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	blank	Male

Subscribed and sworn to before me this 16th day of October, 1987

Notary Public, Cathy M. Myers
Residing at New Plymouth
My commission expires 7-22-91
(Seal)

Glenn L Shannon
Signature of Applicant

P.O. Box 254 New Plymouth Ida 83655
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 3 1987

Assignment of sale and Purchase Agreement dated Jan. 22, 1977 (Payette Co., ID) - gives name as Glenn L. Shannon - property referred to as 'his'
Viewed by V.S.

Amended 1-11-57

PLACE OF BIRTH

715-208104-297

County of Washington

City of Weiser

No. Manns Creek St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 31117

Primary Registration District No. 2112 Registered No. 51

FULL NAME OF CHILD Helen Lucile Panike
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 - 8 - 15

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	John Panike	FULL MAIDEN NAME	Nellie Sipe
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson, M. D.

(Physician or midwife)

Address Weiser, Idaho

Filed 2-18-15 192 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 31117

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pannica (Name on Original Certificate) who was born (Was Born or Died) on 2-3-15 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's Family Record of Birth (Bible Record, Insurance Policy, Etc.) prepared on March 20, 1950 (Give Date), are:
Driver's License & Marriage License

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Other Children's birth certificates show Fathers Name as Panike		
Child's Name	Unnamed Pannica #10424	Helen Lucile Panike
Father's Name (Last)	Pannica #12348	Panike

Subscribed and sworn to before me this 3rd day of January, 1957

Wm. P. Lloyd
Notary Public, residing at Weiser, Idaho
My commission expires April 1, 1958
(Seal)

Signed ✓ Nellie J. Panike,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#1, Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1957

Wm. P. Lloyd
Notary Public, residing at Weiser Idaho
My commission expires April 1, 1958
(Seal)

Signed John R. Panike (Jr.)
(Signature of Any Credible Person)
R#1, Weiser Idaho
(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington.

City of Weiser

Registration District No. 86

File No. 31118

No. ....., ... St.

Primary Registration District No. 2112

Registered No. 53

Hospital

FULL NAME OF CHILD Ruth Annie Irby

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth 1 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Irby	FULL MAIDEN NAME	Ruth Robbins
RESIDENCE	Bone Creek	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Boise Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. W. Olson.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Weiser Idaho

Filed 1-5 1915 W. P. Hamilton

Registrar

Registrar

S-Y CO., 16670

L.

[illegible]

Bureau of Vital Statistics

CERTIFICATE OF [illegible]

PLACE OF BIRTH

[illegible]

168-47:0 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE [redacted] AHO
STATISTICS
BIRTH

County of Fran[redacted]

City of Preston

Registration District No. 27

File No. 31119

No. ..... St.

Primary Registration District No. 2119

Registered No. 173

Hospital .....

FULL NAME OF CHILD Ardel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Johnson	FULL MAIDEN NAME	Priscilla Alder
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:25 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 7/9 1915 Dr Allen R Culter Registrar

..... Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27-12 [illegible]55

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 31120

Primary Registration District No. 2119 Registered No. 172

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 24 1915

FATHER	MOTHER
FULL NAME: Jas. Hyrum Spackman	FULL MAIDEN NAME: Iris Julia Jensen
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Provo, Utah.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Ruttle

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 7/9 19 15 Dr A K Ruttle

_____ Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-125-021-589

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 31121

Primary Registration District No. 2119 Registered No. 171

FULL NAME OF CHILD Ida Mockli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Mockli,	FULL MAIDEN NAME	Fredda Christian
RESIDENCE	Whitney, Idaho	RESIDENCE	Whitney, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 7/7 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24655

NOV 17 1948

314-229-02-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31122

County of Franklin

City of Glendale

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 170

FULL NAME OF CHILD Lorna

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank A. LaMont	FULL MAIDEN NAME	Ruth Bodily
RESIDENCE	Glendale, Idaho	RESIDENCE	Glendale, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:40AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cuelton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 7/9 1915 Dr A R Cuelton *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1971

155-130-021-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31123

County of Franklin

City of Preston

No. ____ *St.*

Hospital ____

Registration District No. 27 **File No.** ____

Primary Registration District No. 2119 **Registered No.** 169

FULL NAME OF CHILD JUNIUS LOWE JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 30 1915

FATHER	MOTHER
FULL NAME Junius Jensen	**FULL MAIDEN NAME** Silvia Lowe
RESIDENCE Prestonk Idaho	**RESIDENCE** Preston, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 38 (Years)	**COLOR** white **AGE AT LAST BIRTHDAY** 37 (Years)
BIRTHPLACE Preston, Idaho	**BIRTHPLACE** Smithfield, Utah.
OCCUPATION Real Estate dealer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.R. Mullen

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7/9 19 15 D.R. Mullen Registrar

8-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 31123.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Junius Lowe Jensen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 20th, 1915 (DATE OF EVENT)
in Preston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 7 - 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Junius Lowe Jensen

Subscribed and sworn to before me this 3
day of December, 19 42

Notary Public, residing at Burley, Idaho

My commission expires March 1st, 1943.
(SEAL)

Signed Junius C Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of December, 19 42

Notary Public, residing at Burley Idaho

My commission expires March 1-1943
(SEAL)

Signed Duella McCombs
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Heyburn Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 9 1942

419-101-027-235

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31124

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 179

FULL NAME OF CHILD Clide William Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward M. Martin	FULL MAIDEN NAME	Emma Stephens
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Beaver Utah,	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullet

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 7/9 1915 D A R Cullet Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-201-021-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 31125

Primary Registration District No. 2119 **Registered No.** 178

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J.P.Rasmussen	FULL MAIDEN NAME	Sarah Jensen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mautaway, Utah.	BIRTHPLACE	Mink Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 7/9 1915 Dr A R Cullen

..... *Registrar* *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

387-203-024-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31126

County of Franklin

City of Whitney

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 177

Hospital

FULL NAME OF CHILD June Chadwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 3 1915

FATHER	MOTHER
FULL NAME: James A. Chadwick	FULL MAIDEN NAME: Minnie M. Jensen
RESIDENCE: Whitney, Idaho	RESIDENCE: Whitney, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Chitney, Idaho.	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Quilter

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 7/9 1915 Allen K Quilter Registrar

..... Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 3 197

236-III-21-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 31127

Primary Registration District No. 2119 Registered No. 176

FULL NAME OF CHILD Ivan E. Stokes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 11 1915

FATHER	MOTHER
FULL NAME: Parley P. Stokes	FULL MAIDEN NAME: Ida M. Hollowsworth
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Croyden, Utah.	BIRTHPLACE: Bear Lake, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/8 1915 D. A. Cutler Registrar

2-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 7 1 06 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka

Certificate No. 31127

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stokes (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1915 (Date of Event)
in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Ivan E. Stokes

Subscribed and sworn to before me this 6th day of June, 19 72

Notary Public, residing at Rupert, Idaho
My commission expires Oct. 1, 1974
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
914 F. St., Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Minidoka

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 72

Notary Public, residing at Rupert, Idaho
My commission expires Oct. 1, 1974
(Seal)

Signed [signature]
(Signature of Any Credible Person)
R.F.D. Rupert, Ida. 83350
(Street Address, City, State)

FORM DH 60-155

CL 5/25/72 one birth card pd. rec. #38075

Certificate of Blessing from LDS Church gives namd as Ivan E. Stokes son of Parley P. Stokes and Ida Hollingworth. Born June 11, 1915 at Preston, Idaho. Was ~~Bor~~ Blessed Aug. 1, 1915. Viewed by V. S.

JUN 19 1974

Elementary Diploma from Idaho gives name as Ivan Stokes. From Minidoka County. Given a Rupert, Idaho. Dated June 27, 1929. Viewed by V. S.

855-LG-021-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31128

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 175

FULL NAME OF CHILD ELDON V. HENDERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	4 (Month) 15 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Adelbert Harmon Henderson	FULL MAIDEN NAME: Sarah Alta Van Leuvan
RESIDENCE: Clifton, Idaho	RESIDENCE: Clifton, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Afton, Wyoming	BIRTHPLACE:
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A. M. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Quelle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 7/9 1915 D. A. R. Quelle

..... Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Clifton, Ida

FULL NAME OF CHILD Eldon V. Henderson

5. Date of Birth of Child (Month, day, year) April 15, 1915

Sex Male | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy 9 | 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Adelbert Harmon Henderson
Color or Race White 12. Age at time of THIS birth 24 yrs.
Birthplace Afton (City or town) Wyoming (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Alta Van Leuvan
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum.....
Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that Doctor (First name) Cutler (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Sarah Alta Van Leuven Henderson Signature
Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 19 42

(SEAL) Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on.....by.....Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-116-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 File No. 31129

Primary Registration District No. 2119 Registered No. 174

FULL NAME OF CHILD Ovlyn Joel Chadwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	6 16 1915

FATHER	MOTHER
FULL NAME: Joel Miller Chadwick	FULL MAIDEN NAME: Emma Zenobia Nelson
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Mapleton, Idaho	BIRTHPLACE: Provo, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

(Signature) Allen R Quilter

Physician

(Physician or midwife)

Address Preston, Idaho.

Filed 7/9 1915 D A Quilter *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-103-021-857

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27

File No. 31130

Primary Registration District No. 2119

Registered No. 149

FULL NAME OF CHILD George Whittle Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Whittle	FULL MAIDEN NAME	Callie Yeatts
RESIDENCE	Fairview, Idaho.	RESIDENCE	Fairview, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Callands, Verginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:50 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 7/9 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-207-021-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31131

County of Franklin

City of Clifton

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 150

FULL NAME OF CHILD Dorathy Mary Holmes

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander Holmes	FULL MAIDEN NAME	Elezabeth Olive Harker
RESIDENCE	Clifton, Idaho.	RESIDENCE	Clifton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Alveston, England	BIRTHPLACE	Adlingston Lankshire, England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 7/9 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1971

262-206 c 21-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31132

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. ____

Primary Registration District No. 9119 Registered No. 151

FULL NAME OF CHILD Francis Lucille Bosworth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 6 1915

FATHER

FULL NAME: John Bosworth

RESIDENCE: Preston, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Croyden, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Larsen

RESIDENCE: Preston Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stutes

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7/9 19 15 Dr. A. R. Curtis Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1953

FEB 11 1953

689-215-021-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31133

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 153

FULL NAME OF CHILD Edna Catharine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Juen 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Whitehead	FULL MAIDEN NAME	May Belle Allen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Cove, Utah.
OCCUPATION	Contractor & Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 7/9 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1942

155-215-021613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31134

County of Franklin

City of Preston

No. First Ward St. 1S W

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 153

Hospital

FULL NAME OF CHILD Alice Lucile Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	June 15 1915

FATHER		MOTHER	
FULL NAME	Lawrence Jensen	FULL MAIDEN NAME	Nora Walker
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/9 19 15 D. A. Cutler
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-20 8 021-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. — St.

Hospital —

Registration District No. 27 File No. 31135

Primary Registration District No. 2169 Registered No. 154

FULL NAME OF CHILD Gwen Holm Coburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	June 8th 1915 (Month) (Day) (Year)

FATHER

FULL NAME Leland Coburn

RESIDENCE Weston, Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Weston Id.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Holm

RESIDENCE Weston Id

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Canada

OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 8th 1915 at 6:55 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. G. Gourley M.D.

(Physician or ~~midwife~~)

Address Weston Idaho

Given names added from a supplemental report.

....., 19.....

Filed 7/9 1915 D. A. R. Cullen
Registrar

.....
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553.210.021-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31136

County of Franklin

City of Weston

No. — St.

Hospital —

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 155

FULL NAME OF CHILD Cleo ~~Mary~~ Mae Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May 10th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lynn Nelson	FULL MAIDEN NAME	Georgena Adams
RESIDENCE	Preston Idaho	RESIDENCE	Preston Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Malad, Ida
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 5/10/15 at 11:45 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Weston, Idaho

Filed 7/9 1915 Dr A R Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1969

713-230-021-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. —— St.

Hospital ——

Registration District No. 27 File No. 31137

Primary Registration District No. 2119 Registered No. 156

FULL NAME OF CHILD Helen Palmer ~~211~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	May 30th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. G. Palmer	FULL MAIDEN NAME	Anna Catharine Gassman
RESIDENCE	Ranch near Lava Hot Spgs, Id.	RESIDENCE	Ranch — Lava Hot Spgs. Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weston, Id.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 30th 1915 at 11:50 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Weston Idaho

Filed 7/7 1915 Dr A R Cutter

Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1968

595-211-021-499

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted]TE OF IDAHO
B[redacted]F VITAL STATISTICS
[redacted]FICATE OF BIRTH

County of Franklin

City of Weston

No. — St.

Hospital —

Registration District No. 27 File No. 31138

Primary Registration District No. 2119 Registered No. 157.

LeRee

FULL NAME OF CHILD June Nielsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 11th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Peter Nielsen	FULL MAIDEN NAME	Eva Louise Drinkwater
RESIDENCE	Weston, Idaho = ranch	RESIDENCE	Weston Idaho = ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Benson Utah	BIRTHPLACE	Woodville, New Zealand
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth eighth Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 11th 1915 at 3:25 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician [redacted])

Given names added from a supplemental report.

Address Weston, Idaho

19

Filed 7/9 1915 Dr A R Cutler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1968

JUL 1 [illegible] 1952

JUL 28 [illegible]

766-118-021-789

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31139

County of Franklin

City of Weston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 158

Hospital

FULL NAME OF CHILD Melvin Goodwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 18 1915

FATHER		MOTHER	
FULL NAME	Frank C. Goodwin	FULL MAIDEN NAME	Edith Phillips
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Franklin, Ida.

Filed 7/9 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9

436-219-021-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31140

County of Franklin

City of Fairview

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 159

Hospital

FULL NAME OF CHILD Wanda McWhorter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	6 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fay McWhorter	FULL MAIDEN NAME	Julia Lafferty
RESIDENCE	Fairview	RESIDENCE	Fairview Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Idaho
OCCUPATION	Cooking	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho

Filed 7/9 1915 Dr A R Cutler

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-12 [redacted] 89

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31141

County of Franklin

City of Franklin

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 161

Hospital

FULL NAME OF CHILD Donald Durant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 23 1915

FATHER		MOTHER	
FULL NAME	Frederick E. Durant	FULL MAIDEN NAME	Myrtle Whitehead
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Quick

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Franklin

Filed 7/9 1915 Dr. Allen R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1968

769-185-021449

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31142

County of Franklin

City of Franklin

Registration District No. 27 File No. 4

No. ..... St.

Primary Registration District No. 2119 Registered No. 161

Hospital .....

FULL NAME OF CHILD Lyle Robert Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	6 25 1913

FATHER		MOTHER	
FULL NAME	Benj. Porter	FULL MAIDEN NAME	Maud Durant
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Fruit Raising	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) P. W. Driesbach

Physician
(Physician or midwife)

Address Franklin, Ida.

Filed 7/9 1915 D. A. Bullock
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 15 1965

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

967-11-21-253
Amended 10-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31143
Local Reg. No. 162
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Wesley
b. (Middle): Thedford
c. (Last): Roper

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 17, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Jesse
b. (Middle): Warren
c. (Last): Roper

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Hyde Park, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Virginia
b. (Middle): Bernette
c. (Last): Beckstead

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Riverton, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Nancy Beckstead

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7/9/1915

22. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31143

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thedford Wesley Roper (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Thedford Wesley Roper	Wesley Thedford Roper

Subscribed and sworn to before me this 13 day of ....., 19 65

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of ....., 19 65

Notary Public, residing at Preston Idaho
My commission expires .....
(Seal)

Signed James P. Davis
(Signature of Any Credible Person)

265 No State Preston, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8-27-65. one copy pd. rec. #04871.

Own Child's Birth Cert. on file: (Idaho Birth) #414736 gives full name of father as Wesley Thedford Roper - viewed by V.S.

L.D.S. Church Cert. of Blessing, Aug. 1, 1915 gives full name as Wesley Thedford Roper, son of Jesse W. Roper and Virginia Beckstead, born June 17, 1915 at Preston, Idaho - viewed by V.S.

259-222-021-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 31145

Primary Registration District No. 2119 Registered No. 164

FULL NAME OF CHILD Blanch Berkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Marion Perkins	FULL MAIDEN NAME	Nellie Bell
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed 7/9 1915 D A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1969

759-119-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home

Registration District No. 27

File No. 31146

Primary Registration District No. 2119

Registered No. 165

FULL NAME OF CHILD ~~Byron~~ Lazell Wilcox Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Orrin Perkins	FULL MAIDEN NAME	Naomia Alder Wilcox
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at at 1.5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed 7/9 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—25m-1-1-18

City of Preston

Registration District No. 27

File No. 31147

No. ..... St.

Primary Registration District No. 2119

Registered No. 166

Hospital .....

FULL NAME OF CHILD Asa Jorgen

Sex of Child Male

Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. D. Hendricks	FULL MAIDEN NAME	Annie Jorgen
RESIDENCE	Oxford Ut Ida	RESIDENCE	Oxford Ut. Idas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Richmond Ut.	BIRTHPLACE	Millard Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

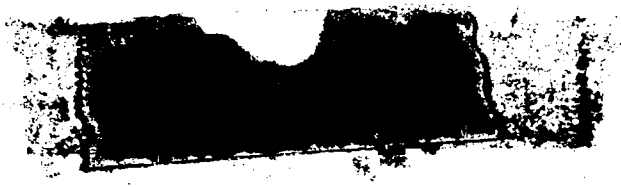
..... 19.....

Address Preston Ida.

Filed 7/9 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24695



DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31147

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Asa Jorgen Hendricks (Name on Original Certificate) who was born (Was Born or Died) on Apr 10, 1915 (Date of Event)

in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	female	Male

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fayette }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of June, 1978

R H Belcour

Notary Public, residing at Fayette Idaho

My commission expires Dec 8 1979

(Seal)

Signed Gerald Hendricks
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 12/13/77

The Bankers Life Ins. Co. application dated December 9, 1969, lists name as Asa J. Hendricks, born April 10, 1915, and is listed as male.
viewed by VS. June 20, 1978

JUN [illegible]

Marriage license and certificate list groom as Asa J. Hendricks. Dated April 4, 1942, in Bannock County, Idaho.
viewed by vs. June 20, 1978

619-205-021-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

Registration District No. 27 File No. 31148

No. ..... St.

Primary Registration District No. 2119 Registered No. 167

Hospital .....

FULL NAME OF CHILD Ella Tanner

Sex of Child Female | Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laurence Wm Farnes	FULL MAIDEN NAME	Lillie Tanner
RESIDENCE	Whitney Ida.	RESIDENCE	Whitney Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Tooele Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida

Filed 7/9 1915 D. A. R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1967

595-101-221-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31149

County of Franklin

City of Riverdale

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 168

Hospital

FULL NAME OF CHILD Ross Lamont Nielsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One (To be answered only in event of plural births)		yes	Apr (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Carl Nielson	FULL MAIDEN NAME	Mable Steel
RESIDENCE	Riverdale Ida.	RESIDENCE	Riverdale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Draper Ut.	BIRTHPLACE	Clover Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Parkinson M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Ida.

Filed 7/9 1915 D A R Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED

STATE BOARD OF HEALTH FILE No. 31156

CERTIFICATE OF BIRTH.

STATE OF UTAH.

PLACE OF BIRTH

County of .....

Precinct of .....

Town or Village of Franklin

City of .....

Street and No. .....

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD ..... If child is not yet named, make supplemental report as directed

Sex of Child	~~Twin, Triplet, or Other?~~ and ~~Number in Order of Birth~~	Legitimate?	Date of Birth [Month] [Day] [Year]
Boy	~~1st~~	Yes	June 12, 1915

	FATHER	MOTHER
FULL NAME	J. A. Anderson	FULL MAIDEN NAME Ruby B. Alaston
RESIDENCE	Franklin Idaho	RESIDENCE Franklin
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY [Years]	30	19
BIRTHPLACE	Franklin Idaho	BIRTHPLACE Franklin
OCCUPATION	Farming	OCCUPATION Wife

Number of Child of this Mother One. Number of children of this Mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on June 12th 1915 at 4:15 P. M.

Premature ..... or Still Birth? ..... (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] H A Adamson M D

Date July 1 1915

[Physician or Midwife]

Address of Physician or Midwife Richmond Utah

Filed 7/9 1915 D Allen R Eustis

REGISTRAR.

Registered No. 180

Give name added from supplemental report

..... 19 .

.....

REGISTRAR.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

4 13-15 10m

80671

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the words "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

239 - 215 -
041-239

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Victor

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31151

Registration District No. 20 File No.

Primary Registration District No. 2012 Registered No.

FULL NAME OF CHILD Reva Zerelda Stratton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	6 15 1915

FATHER		MOTHER	
FULL NAME	William Stratton	FULL MAIDEN NAME	Zerelda Stratton
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Logan Utah	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Victor Idaho

19

Filed June 19, 1915 Geo. D. [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-205-002-351

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31152

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 211

FULL NAME OF CHILD Gwendolina Deloris Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	6 — 5 — 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. Edwin Cox	FULL MAIDEN NAME	May Hannah Leak
RESIDENCE	Council	RESIDENCE	"
COLOR	Whe	COLOR	Whe.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Okla
OCCUPATION	Clergyman	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 35 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6 — 5 — 1915 Frank E. Brown
Registrar

S-Y CO. 24658

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

455-116-002-154

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31153

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 212

FULL NAME OF CHILD Donald Deven

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 16 1910 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Dunham	FULL MAIDEN NAME	Minnie Anderson
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmatz

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed June 25 1915

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-219.002-613

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 31154

Primary Registration District No. 2148 Registered No. 213

FULL NAME OF CHILD Lois Isabelle Neale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	6 — 9 — 1915

FATHER

FULL NAME J.W. Neale

RESIDENCE Council

COLOR Wht. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE O

OCCUPATION Teacher

MOTHER

FULL MAIDEN NAME Lottie Belle Walker

RESIDENCE "

COLOR Wht AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE O

OCCUPATION H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6-19-1915 Frank E. Brown Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1999

492-220-002-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31155

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 216

FULL NAME OF CHILD Hazel May

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe				Yes	6 – 20 – 15

FATHER		MOTHER	
FULL NAME	Addison Miesman	FULL MAIDEN NAME	Alice Fredricks
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 a. m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6 – 20 – 15 Frank E. Brown
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

866-220-022-465

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31157

County of Fremont

City of Chester

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Gertrude May Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Sylvester Howard	FULL MAIDEN NAME	Venedia May Monroe
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wilford	BIRTHPLACE	[redacted]
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 12 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Ward

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed June 9th 1915 W B Ward

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 20 2018

213-209-022-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31158

County of Fremont

City of Stanton Egin

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Julia Ann Ball

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Ball	FULL MAIDEN NAME	Sarah Amelia Dowell
RESIDENCE	Egin ~~Canon Creek~~	RESIDENCE	Egin ~~Canon Creek~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	MO
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed January 19 1913

W B West

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 0 1972

984-116.022-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

Registration District No. 99

File No. 31159

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Leland Rydalch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Rydalch	FULL MAIDEN NAME	Esther Parkinson
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Bennett

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 16 1915 W. Bennett

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-224-022-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 31160

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD OTHEIL HUMPHREYS Humphreys

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	May 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis Humphreys	FULL MAIDEN NAME	Ethel Miller
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Weed

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 9th 1915 W. D. Weed

Registrar Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 3 1160

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for no name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 24, 1915 (DATE OF EVENT)

in Fisher, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
[illegible]	[illegible]	Ethell Humphreys

Subscribed and sworn to before me this 17th day of January, 1942

Marion E. Ovy

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(SEAL)

Signed W. R. Humphreys

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUL 2 1 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-208-022-236

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 31161

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Madeline Azenith Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	June 8 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Chas Park	FULL MAIDEN NAME	Louise Stohl
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Everett

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Registrar ..... Filed July 9 1918 W B Everett Registrar

S-Y CO. 24555

253-114-022-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31162

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Jack Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Bell	FULL MAIDEN NAME	Malnee Cur
RESIDENCE	Canon Creek	RESIDENCE	Canon Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed June 9 1913 W B West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-227.022-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31163

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Bertha Pauline Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Williams	FULL MAIDEN NAME	Emma Elliott
RESIDENCE	Marysville	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morfield MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed June 9th 1915 W A West Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-125-022-123

Amended 6/12/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31164
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Wayne
b. (Middle): Albert
c. (Last): Morey

4. SEX: Male
5a. THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH: (Month) May (Day) 25, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Noel
b. (Middle): R.
c. (Last): Morey

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Illinois
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lavina
b. (Middle): M.
c. (Last): Allen

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: June 9, 1915
22. REGISTRAR'S SIGNATURE: W. A. West
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS ___ OZS. TIME: 11:30 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED
VITAL
FEB 14 AM 9 45 AM '75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31164

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elwin Morey (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1915 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Elwin	Wayne Albert Morey

OFFICIAL SEAL
JODIE I. JONES
NOTARY PUBLIC CALIFORNIA
STANISLAUS COUNTY
My Commission Expires Mar. 23, 1976
12017 Board, Westfield, CA.

Subscribed and sworn to before me this 1 day of .....

Notary Public, residing at Oakland Ca.

My commission expires Mar. 23, 1976

(Seal)

Signed Wina May Morey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

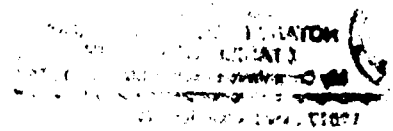
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL / /75

Insurance Application to State Farm ~~xx~~ Life Ins. co. gives name as Wayne Albert Morey. born amy 25, 1915. dated Oct. 22, 1941. viewed by V. S.

Certificate of birth from the LDS Church gives the child's name as Wayne Albert Morey born May 25, 1915 at Willford, Idaho. Father's name given as Noel R. Morey and Lavina M. Allen. entered on record July 4, 1915. viewed by V. S.



912-127-022-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 31165

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Richard~~ Aaron Frederick Rasmussen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron F Rasmussen	MAIDEN NAME	Nancy Blanche Costley
RESIDENCE	Rexburg	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	Rexburg
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Co Superintendent of public schools	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address .....

Registrar

Filed June 9 1915

W D West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-220-022-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 31166

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Beth Singleton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Singleton	FULL MAIDEN NAME	Cora Wright
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	~~Mat White~~	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 40 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 19 1915

W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251-1181033-414

PLACE OF BIRTH

[redacted] IDAHO
[redacted] AL STATISTICS
[redacted] E OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

31167

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. [redacted]

File No. .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Wilman Grant Bean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo W Bean	FULL MAIDEN NAME	May Madsen
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 7 1915 W A Wood

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

[illegible] IDAHO
[illegible] STATISTICS

[illegible] OF BIRTH

No. [illegible]

District No. [illegible]

[illegible]

PLACE OF BIRTH

County of Madison

City of [illegible]

No. [illegible]

RECORD

653-106-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted]DAHO
BURE[redacted]L STATISTICS
CERTIFICATE OF BIRTH

31168

County of Fremont

City of Chester

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD James Arthur Welker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 6 1951 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murriel Welker	FULL MAIDEN NAME	Margarita Brown
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed June 9th 1951 W B West Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-213-022-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 19

File No. 31169

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Beth Nelson

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Nelson	FULL MAIDEN NAME	Clara Cannon
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 49 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 9th 1915 W D West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Birth, entered on record May 21, 1915 gives full name of child as Beth Nelson, born May 13, 1915 at St. Anthony, Idaho to J. Leo Nelson and Claire C. Cannon - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Notarized Photo Copy of the Bible or Family Record of the family of J. Leo Nelson and Claire C. Nelson gives child's full name as Beth Nelson, born May 13, 1915 at St. Anthony, Idaho - appears old and unaltered - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Box Elder }

Certificate No. 31169

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nelson (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1915 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 13, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beth Nelson
Beth Nelson	Beth Nelson	

Subscribed and sworn to before me this 12th day of July, 19 61

Notary Public, residing at Brigham City, Utah
My commission expires July 8, 1962
(Seal)

Signed [signature] Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

504 So. 1st East Brigham City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of July, 19 61

Notary Public, residing at Brigham City, Utah
My commission expires July 8, 1962
(Seal)

Signed [signature]
(Signature of Any Credible Person)

218 North 3rd East,
(Street Address, City, State)
Brigham City, Utah.

FORM DH 60.155

CI 6-16-61. two copies pd. receipt #17534.

SEP 20 1961

769-212-022-693

CHILD'S MIDDLE NAME AMENDED 7-15-2009 CMW

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 31170

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Gratia ~~Anne~~ ALESE Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank B Porter	FULL MAIDEN NAME	Grace Williams
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Ida
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed June 9th 1915 W D Wert Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS
County of Fremont

Certificate No. 1915-31170
Date Filed 06/09/1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Gratia Anise Porter (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/12/1915 (Date of Event)
in St. Anthony (Fremont Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's middle name	Anise	Alese

Subscribed and sworn to before me this 10 day of July, 2009
Notary Public [signature]
Residing at Fremont
My commission expires May 17 2014
(Seal)

[signature]
Signature of Applicant
P.O. Box 446, St. Anthony ID 8...
Street Address, City, State and Zip

RITA SAUREY NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } SS
County of

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,
July 8, 2009

IDAHO BIRTH CERTIFICATE #1942-352007 FRANKLIN DAVID RUDD BORN 5-20-1942 MOTHER'S MAIDEN NAME: GRATIA ALESE PORTER VIEWED BY VS
UTAH DEATH CERTIFICATE GRATIA ALESE PORTER RUDD DIED 9-18-2001 VIEWED BY VS

RITA SAUREY NOTARY PUBLIC STATE OF IDAHO

299-205-022-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 31171

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Birch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Birch	FULL MAIDEN NAME	Bessie [illegible]
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 4th 1915 W D West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

866-214-022-299

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

Registration District No. 99 File No. 31172

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Fern Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Howard	FULL MAIDEN NAME	Mammie Bird
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 48 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed June 4th 1915 W. C. West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 4 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-224-022-291

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31173

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD May Pauline Candle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	May 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jay Candle	FULL MAIDEN NAME	Ethel Bray
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed June 4th 1915 W Albert Registrar

S-Y CO. 24655

APR 2 3 1943

249-124-022-766

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 31174

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD T. B. Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Saul Smith	FULL MAIDEN NAME	Sarah A. Powell
RESIDENCE	Parker	RESIDENCE	Again
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 9th 1913 W. B. West

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1954

449-115-022-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 31175

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dean Carl Murré

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Murré	FULL MAIDEN NAME	Eliza Bare
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 17 1915 W B West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1961

B-V-205-001-533

Amended 4-1-64 (Be sure the information is complete and accurate)

State File No. 31176
Local Reg. No. 205
Reg. Dist. No. 71

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wildhorse
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wildhorse
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eleanor
b. (Middle): Aenid
c. (Last): Campbell

4. SEX: Fe.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 5 - (Day) 5 - (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Arthur
b. (Middle):
c. (Last): Campbell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle):
c. (Last): Ellis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mont.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Frank E. Brown
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS:
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-5-1915
20. REGISTRAR'S SIGNATURE: Frank E. Brown
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23.

...ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the ...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible] }

Certificate No. 31176

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elenor Aenid Campbell (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1915 (Date of Event)
in Wildhorse, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on Sept. 9, 1911 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Elenor	Eleanor
Mother's Maiden Name	Alice Aenid Campbell	Alice Ellis

Subscribed and sworn to before me this 13th day of March, 19 64

Notary Public, residing at Burley, Idaho
My commission expires Dec. 9, 1965
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1510 Miller Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 19 64

Notary Public, residing at Burley, Idaho
My commission expires Dec. 9, 1965
(Seal)

Signed [signature]
(Signature of Any Credible Person)
Columbia Falls, Montana
(Street Address, City, State)

FORM DH 60-155 L 5-3-62. one copy pd. rec. #10337.

Family Register (photo copy) for Arthur Charles Campbell, born Sept. 1, 1887 at Meadows, Ida. and Alice E. Ellis, born May 23, 1891 at Bannack, Mont. - gives one child's full name as Eleanor Marie Campbell, born May 5, 1915 at Wildhorse, Idaho - viewed by V.S. appears old and unaltered -

Marriage Certificate for Arthur C. Campbell and Alice E. Ellis, married Sept. 9, 1911 at Dillon, Montana - viewed by V.S.

Financial Security Life Insurance Policy, no. FSP-2-IDA-3146, effective date-Nov. 4, 1946 gives full name of insured as Eleanor Marie Campbell, age 31, beneficiaries are given as Arthur C & Alice E. Campbell, mother & father - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-115-002-15-4

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 31177

Primary Registration District No. 2748 Registered No. 206

FULL NAME OF CHILD Maurice

Sex of Child Male | Twin, Triplet or other? twin | and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) — 10 (Day) — 1915 (Year)

FATHER

FULL NAME L. W. Hill

RESIDENCE Council

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Miss.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alta Anderson

RESIDENCE Council

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Hsf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 — M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 5 — 15 — 1915 Frank E. Brown Registrar

S-Y CO. 24655

DEC 19 1966

12-15-41

893-115-002-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31178

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 209

FULL NAME OF CHILD Donald Hill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	5 / 15 1915

FATHER		MOTHER	
FULL NAME	L. D. Hill	FULL MAIDEN NAME	Alta Audurson
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 30 P. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5—15—1915 Frank E. Brown

..... Registrar

Registrar

8-Y CO. 24688

SEP 30 1942

622.116.002.693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 31179

Primary Registration District No. 748 Registered No. 218

FULL NAME OF CHILD Charles Vincent Osborne

Sex of Child: Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: 5 (Month) — 16 (Day) — 191 5 (Year)

FATHER

FULL NAME: S Cosborne

RESIDENCE: Council

COLOR: Wht. AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: N. C.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mattie Wales

RESIDENCE: Council

COLOR: Wht. AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Virg

OCCUPATION: H W

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank L. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5-16- 19 15 Frank L Brown

Registrar

8-Y CO. 24688

MAR 1 1949

319-21810022256

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31180

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 2748 Registered No. 209

FULL NAME OF CHILD Gwendoline Irene Carson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.			yes	Jan 18 1915

FATHER		MOTHER	
FULL NAME	Frank P Carson	FULL MAIDEN NAME	Lillian Fay Swoddely
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1/4 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank C. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 18 1915 Frank C Brown

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8435-127-002-244

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 71 File No. 31181

Primary Registration District No. 2148 Registered No. 210

FULL NAME OF CHILD John Lemmel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Hutchison	FULL MAIDEN NAME	Irlene Hemmerman
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed May 27 1915

..... Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-1b-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

593-115037-913

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31183

County of Owyhee

City of Glenn's Ferry

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No. 26

Hospital

FULL NAME OF CHILD Jack Eicholz

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	5	yes	June 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earnest Eicholz	FULL MAIDEN NAME	Ettie Latty
RESIDENCE	Owyhee County	RESIDENCE	Owyhee County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 10th 1913 at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry Idaho.

Filed June 22, 1915 W. H. Schuyler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-109-037-796

Form V. S. No. 11-C—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31184

County of Owyhee

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. 43 File No. .....

Primary Registration District No. 2120 Registered No. 25

FULL NAME OF CHILD Richard Woodward

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	yes	June 9th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adolph Woodward	FULL MAIDEN NAME	Bessie Gifford
RESIDENCE	Owyhee County	RESIDENCE	Owyhee County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 9th 1915 at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed June 22, 1915 W. H. Schuyler, M. D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V93205-001-485

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 1[illegible]—[illegible]-1-1-[illegible]

County of Ada

City of Eagle R F D

Registration District No. 9

File No. 31185

No. _____ St.

Primary Registration District No. 2001

Registered No. 57.

Hospital _____

FULL NAME OF CHILD Sarah Ellen Mitchell

Sex of Child F M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred N. Mitchell	FULL MAIDEN NAME	Hanna R. Myers
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	H Webe

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Star Idaho

Filed May 25 1915 O W Hall

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 4 1942

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]-106-006-451

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No 3 St.

Registration District No. 121 File No. 1 3[illegible]

Hospital No

Primary Registration District No. 2194 Registered No. 21

FULL NAME OF CHILD Frank Edward Hyde

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	twin		Boy first	Yes	6 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Thomas Hyde	FULL MAIDEN NAME	Emily Dear
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth nine

Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Jan 21 15 W. E. Patrie

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

File No.

Amended 1-2-1958

PLACE OF BIRTH

818-22-4030-253

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 31188

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Ella Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin XXXX Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			2nd	Yes	April 24, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Hayes	FULL MAIDEN NAME	Myrtle Bell
RESIDENCE	Jackson, Wyoming	RESIDENCE	Jackson, Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) F. T. McComb

Physician
(Physician or midwife)

Address Leadore, Idaho

Filed 7-10-15 [redacted] Edith D. Herndon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Ella May Hayes
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hays (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1915 (Date of Event)
in Leadore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Marriage License - 9-14-36 - Montana - School Record Boulder Mont. 5-23-1930 vs		
Child's name	missing	Ella May Hayes

Subscribed and sworn to before me this ..... day of ....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Myrtle Bell Hayes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary E. Osborn
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DPH 55 155

319.110.216-493

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31189

City of Albion Registration District No. File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Cyril Carpenter

Sex of Child: Male	Twin, Triplet or other? Twin (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: 4-10-15 (Month) (Day) 191 (Year)	

FATHER		MOTHER	
FULL NAME	Harry D. Carpenter	FULL MAIDEN NAME	Rose V. Mills
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 A. M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Carpenter

Father
(Physician or midwife)

Address: Albion

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7-10-15 19.....

R. H. Greene
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1941

695106835-993

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31190

County Perce

City of Gifford

Registration District No. 92 File No. 3

No. ____ St.

Primary Registration District No. 2170 Registered No. 26

Hospital ____

FULL NAME OF CHILD Ormell Jesse French

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	S (To be answered only in event of plural births)	X	yes	6 6 1915

FATHER	MOTHER
FULL NAME Alfred H.French	FULL MAIDEN NAME Anna Rich
RESIDENCE Gifford	RESIDENCE Gifford
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR white	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19__

____ Registrar

Filed 6/6 1915 E.E.Watts. Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

SEP 16 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(99-102) 45

PLAC[illegible]

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31191

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 46

Hospital

FULL NAME OF CHILD Donald Lundy Wright

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	First	Yes	June 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Vernon Radford Wright	FULL MAIDEN NAME Eugenia L. Lundy
RESIDENCE Harrison, Idaho	RESIDENCE Harrison, Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Marinette, Wisc	BIRTHPLACE Purcell, Oklahoma
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~at~~ June 2/15 (Born alive or stillborn), at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier MD

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed July 7 1915 R. S. Jensen Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 25 1945

JUN 4 1968

JUL 16 1970

SEP 25 1941

312-16-028-716

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-18

CERTIFICATE OF BIRTH

31192

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 45

FULL NAME OF CHILD CLAIR WALTER Lakin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	single	3d	yes	June 16 1915

FATHER		MOTHER	
FULL NAME	Rudolph W Lakin	FULL MAIDEN NAME	Frances Gaffinet
RESIDENCE	Harrison, Idaho	RESIDENCE	Harrison Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Sonora Calif.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June [illegible], at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 7 1915 W. E. Jensen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss. Certificate No. 31192

County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 6-16-15 (DATE OF EVENT)

in Harrison, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Clair Walter Lakin

Subscribed and sworn to before me this 2nd day of July, 1942

Isabelle T. Smith

Notary Public, residing at Opportunity, Wash.

My commission expires June 21, 1943 (SEAL)

Signed R. W. Lakin (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Opportunity, Washington (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.

County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 19 42

Isabelle T. Smith

Notary Public, residing at Opportunity, Wash.

My commission expires June 21, 1943 (SEAL)

Signed Frances G. Lakin, (mother).

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Opportunity, Washington (STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By (REGISTRAR'S SIGNATURE)

JUL 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Harrison

Registration District No. 126 File No. [illegible]

No. ..... St.

Primary Registration District No. 2204 Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD James Michael Brown Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	4"	[illegible]	June 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James M Brown	FULL MAIDEN NAME	Josephine Heilinger
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Chippewa Falls. Wis	BIRTHPLACE	Walla Walla Wn
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4"

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 14 1915 at 11.00 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 7 1915 R. S. Jensen Registrar

S-Y CO. 24655

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 6 1957

SEP 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-201-038-84

[redacted]

[redacted]

[redacted]

31194

City of Harrison

Registration District No. 126

File No.

No. St.

Primary Registration District No. 2204

Registered No. 47

Hospital

FULL NAME OF CHILD Mary Jane Nitkey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		first	yes	June (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Edward Nitkey	FULL MAIDEN NAME	Tracy Eva Quarles
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New London Wis	BIRTHPLACE	Colfax Wash
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 1, 1915 (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed July 7 1915 R. S. Jensen

Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 20 1942

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Blackfoot

No. Route No. 3 St.

Hospital No.

Registration District No. 121 File No. 31195

Primary Registration District No. 21[illegible] Registered No. 92

FULL NAME OF CHILD Doris Fanny Hyde

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	twin	Girl second	Yes	6 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Thomas Hyde	FULL MAIDEN NAME	Emily Jessie Dear
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth nine Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5.55 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed June 10 1915 W. E. White

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

861-247 [redacted] 38

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31196

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Etta Hoag

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	6 - 17 1915

FATHER		MOTHER	
FULL NAME	C. A. Hoag.	FULL MAIDEN NAME	Margaret Ochuman.
RESIDENCE	4 S 1/2 W. Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Germany.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 6-17 1915 J. T. Murphy
Registrar

S-Y CO. 24655

NOV 22 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-120-006-2-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 482 East Main St.

Registration District No. 121 File No. 31197

Primary Registration District No. 1007 Registered No. 93

Hospital No.

FULL NAME OF CHILD Joseph Clegg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	6 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Richard Clegg	FULL MAIDEN NAME	Cila Buttcane
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Bates

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed June 26 1915 W. E. Patrick

Registrar

Registrar

S-Y CO. 24655

113-106-006-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Mic Add. St.

Hospital

Registration District No. 121 File No. 31198

Primary Registration District No. 2194 Registered No. 94

FULL NAME OF CHILD Unnamed Jackson Chas Junior

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	6 6 1915

FATHER		MOTHER	
FULL NAME	Charles Ernest Jackson	FULL MAIDEN NAME	Minnie Belle Bellamy
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	Clk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed June 26 1915 M E Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

393-230-040-569

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] STATISTICS
[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

31199

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 51

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Anna Litton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	March 30 1915

FATHER		MOTHER	
FULL NAME	John H. Litton	FULL MAIDEN NAME	Nora Norman
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 19 18 Geo. S. Lesker

Registrar

Registrar

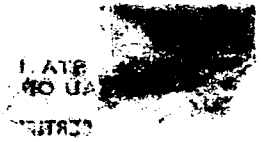
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941



MAR 27 1970

533-1,2-005-215

Amended 8-21-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31200
Local Reg. No. 95
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Jess b. (Middle): Haven c. (Last): Ellis

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 6 - 12 - 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Jesse b. (Middle): Wilson c. (Last): Ellis, Jr.

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): Naomi c. (Last): Bullock

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Simmons, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 26, 1915

22. REGISTRAR'S SIGNATURE: W.E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

6-14-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUL 12 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31200

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jesse Haven Ellis (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1915 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Baby Record, Insurance Policy, Etc.) prepared on March 24, 1941 — Oct. 7, 1946 (Give Date) Army Discharge, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Jesse	Jess

Subscribed and sworn to before me this 12th day of June, 19 67

Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

X Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

334 E. Seattle [illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Military Record. Army Air Force, date of separation Oct. 7, 1946 gives full name as Jess H Ellis, born June 12, 1915 at Blackfoot, Idaho - date of induction Mar. 16, 1945 - viewed by V.S. Honorable Discharge -

State of Idaho, Marriage License, County of Bannock, license issued Mar. 24, 1941 gives full name of male as Jess H. Ellis and full name of female as Marjorie E. Snyder - viewed by V.S.

252-117
006-622

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31201

County of Bingham

City of Black Foot

No. Watson Row

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 96

Hospital

FULL NAME OF CHILD Unnamed Peberlein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	6 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Peberlein	FULL MAIDEN NAME	Mamie Osborn
RESIDENCE	Black Foot	RESIDENCE	Black Foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Wyoming
OCCUPATION	Elk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Black Foot Idaho

Filed June 26 1915 W E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

E. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and the number of each, in order of birth, stated.

235-219-006-926

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Black Foot

No. Moreland St.

Hospital

Registration District No. 121

File No. 31202

Primary Registration District No. 2194

Registered No. 97

FULL NAME OF CHILD Stella Merriam Steers

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 6 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank B Steers	FULL MAIDEN NAME	Phoebe Ison
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot

Filed June 26 1915 M E Patrie Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-129-006-593

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31203

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 98

Hospital

FULL NAME OF CHILD DAVID ALLAN EVANS ~~Allan Evans~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	5 (Month) 29th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W S Evans	FULL MAIDEN NAME	ROSE MYRTLE NICOL ~~Margaret Sunderland~~
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	~~[illegible]~~ 45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 19 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed June 26 1915 M E Patrie
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 31203

Date Filed Aug. 28, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for DAVID ALLAN EVANS (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Allon	David Allen Evans
		DAVID ALLAN EVANS

Subscribed and sworn to before me this 28th day of August, 1943

Notary Public, residing at Blackfoot, Idaho

My commission expires July 17, 1945
(Seal)

Signed Florence M. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #2 Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1943

Notary Public, residing at Blackfoot, Idaho.

My commission expires July 17, 1945.
(Seal)

Signed Daniel Hansen
(Signature of Any Credible Person Other Than Previous Year)

RFD 2, Blackfoot, Idaho.
(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 31203

Date Filed Sept 25, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for DAVID ALLAN EVANS (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on June 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		David Allan Evans
Mother's name	Margaret Lawson	Rose Myrtle Nicol
Age of mother	37 yrs	43 yrs.

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible].

[illegible]
Notary Public, residing at [illegible]

My commission expires [illegible].
(Seal)

Signed Florence M. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Blackfoot, Idaho. RR #2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] }
County of [illegible] } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible]
day of [illegible] 19[illegible].

[illegible]
Notary Public, residing at [illegible]

My commission expires [illegible].
(Seal)

Signed Daniel Hansen
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

OCT 4 1943

293-104-006-699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. S.W. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 31204

Primary Registration District No. 1007 Registered No. 99

FULL NAME OF CHILD Paul Gordon Bills

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rufus Gordon Bills	FULL MAIDEN NAME	Zora Wright
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Garage business	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed July 1 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-205-006-113.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 117 E Judicial St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 31205

Primary Registration District No. 1007 Registered No. 100

FULL NAME OF CHILD Metta Pickett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theron Roy Pickett	FULL MAIDEN NAME	Martha Sophia Jacobs
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Vehicle Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed July 1 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 5/2/41. w.h.

STATE OF IDAHO
BUREAU OF VITAL STA

296-116-006-813

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31206

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 101

FULL NAME OF CHILD Broadhead

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Broadhead	FULL MAIDEN NAME	Irma Hatch
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed July 1 1915 M. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1972

384-121-006-551

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31207

County of Bingham

City of Springfield

No. _____ St.

Hospital _____

Registration District No. 121 File No. _____

Primary Registration District No. 2194 Registered No. 102

FULL NAME OF CHILD ~~Unnamed~~ Marvin Legrand Thurston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Wm. Thurston	FULL MAIDEN NAME	Maria Evans
RESIDENCE	Springfield Idaho	RESIDENCE	Springfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot, Idaho

Filed July 1 1915 W. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-127-006-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31208

Registration District No. 121 File No. _____

Primary Registration District No. 2194 Registered No. 103

FULL NAME OF CHILD ~~[illegible]~~ John Calvin Bradley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\			Yes	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leolos Bradley	FULL MAIDEN NAME	Alice Baker
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot, Idaho

Filed July 1 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-127-006-643

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R4D#1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31209

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 107

FULL NAME OF CHILD ~~Unnamed~~ Leo James Larson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Peter Larson	FULL MAIDEN NAME	Levera Fullmer
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed July 1 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-212-040-852

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

[redacted] Shoshone

City of Wardner

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31210

Registration District No. 173 File No. 57

Primary Registration District No. 1701 Registered No. _____

FULL NAME OF CHILD Ruth Eleanor Redding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	Yes	Mar 17 1915

FATHER		MOTHER	
FULL NAME	Earl Rawford Redding	FULL MAIDEN NAME	Nora Hess.
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39. (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Mowery

(Physician or midwife)

Address Kellogg

Given names added from a supplemental report.

_____ 19____

_____ Registrar

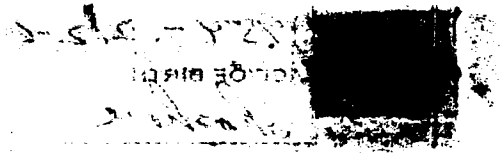
Filed 6/22 1915 Geo. A. Lasher Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 17 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible] 25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] BIRTH

County [redacted]gham

City of [redacted]kfoot

No. W. Judicial St.

653-103-006-154

Hospital

Registration District No. 121 File No. 31211

Primary Registration District No. 1007 Registered No. 109

FULL NAME OF CHILD Arthur Eugene Fettis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy A. Fettis	FULL MAIDEN NAME	Annie Anderson
RESIDENCE	Blackfoot	RESIDENCE	do
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Ut.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jul 1 1915 W. E. Patrick
Registrar

S-Y CO. 24655

[redacted]

Vancouver, Aug. 29 – 1940

~~[illegible]~~ in Dept. of Public Welfare

, Sirs – AUG 31 1940 31 2 11

writing to you in regards to a
certificate for my son at Longvie
who is Eugene Arthur Fettis, h
wife wrote to you ~~[illegible]~~ for a brit
cate & she wrote me & she had
ed a reply from you stating
Arthur Fettis was born on June
of June 3, 1915 – now this is a
he in dates as I being his
n know when he was born
was at 11 A.M. June 3, 1915 & D
was my attending Dr. So I
like to know if this can be correc
get a birth certificate for him.
e let me hear from you as soo
sible & thanking you for same

Sincerely.

Mrs. Roy A. Fettis
1406 Harvey St
Vancouver Wash.

DR. Patrie: Note this letter just received. We cannot make the change in date unless you give us authority to do so. Kindly return this letter with your authorization. Thank you.

Bureau of Vital Statistics
Boise, Idaho

Mrs. Mae L. Atwood.
Boise, Idaho.

Dear Miss Atwood

I authorize the change of date of birth of Eugene Arthur Fellers to June 3, 1915. I cannot well dispute the date with the Mother so will authorize the change, as Guide immediate. Yours truly

W. E. Patrie,

MAY 4 1976

NOV 30 1962

239 - [redacted] 4-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. _____ File No. 31213

No. _____ St.

Primary Registration District No. _____ Registered No. 98

Hospital at home

FULL NAME OF CHILD Mary Mabel Stilwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer F. Stilwell	May Elizabeth Mayhugh
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Kans.	Kans.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.0 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed June 30 1915 Lulu Waldrop Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 25 1974

453-210-014-458

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31214

Registration District No. 3 File No. _____

Primary Registration District No. 2007 Registered No. 37

FULL NAME OF CHILD Mildred Isabelle DeCunrut

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	6 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	D. F. DeCunrut	FULL MAIDEN NAME	Lavina DeLyria
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Colo.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cunn

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Parma Idaho

Filed July 2 1915 Luke Waldron
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 31214

County of CANYON } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)

for Mildred Isabelle DeCunrut (Name on Original Certificate) who [illegible] (Was Born or Died) on June 10, 1915 (Date of Event)

in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Papers (Bible Record, Insurance Policy, Etc.) prepared on at age two years (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed DeCunrut	Mildred Isabelle DeCunrut

Subscribed and sworn to before me this 10th day of May, 1945.

[signature]

Notary Public, residing at Wilder, Idaho

My commission expires April 4, 1946

(Seal)

Signed Lavina M. DeCunrut, Bagley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

401 Grant St. Caldwell, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1945

[signature]

Notary Public, residing at Wilder, Idaho

My commission expires April 4, 1946

(Seal)

Signed Mrs. Ida N. Case

(Signature of Any Credible Person)

Grant St. Caldwell, Idaho

(Street Address, City, State)

MAR 1 4 1966

MAY 1 3 1945

613-122-014-653

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31215

County of Canyon

City of Parma

No. ..... *St.*

Hospital .....

Registration District No. 3 ..... File No. .....

Primary Registration District No. 2007 ..... Registered No. 40

FULL NAME OF CHILD Bion Egbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	6 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bion Waldo	FULL MAIDEN NAME	Mamie Williams
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a M. on the date above stated.

(Born alive or stillborn)

(Signature) P. J. Clue

M. D.

(Physician or midwife)

Address Parma Idaho

Filed July 2 1915 Lulu Waldrop

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 7 1944

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 21-B—10m-8-7-11

County of Latah

City of Potlatch

243-211-029-255 Registration District No. 65 File No.

No. ____, ____ St. Primary Registration District No. 3145 Registered No.

Hospital

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

31216

FULL NAME OF CHILD Bernice May Bull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F			Yes	6 11 1912

	FATHER	MOTHER
FULL NAME	Henry Bull	Myrtle Bennir
RESIDENCE	Potlatch	Potlatch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Minn	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Here insert "alive" or "stillborn") at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Leonard M.D.

(Physician or Midwife)

Address Potlatch Ida

Given names added from a supplemental report

....., 19.....

Filed June 14 1912 Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 2-2-73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31217
Local Reg. No. 2145
Reg. Dist. No. 65

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elsie
b. (Middle): A.
c. (Last): Wolheter

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) June (Day) 27 (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle):
c. (Last): Wolheter

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edith
b. (Middle):
c. (Last): Griswold

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. B. Harvison
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Palouse, Washington
20. DATE SIGNED: June 30, 1915
21. DATE REC'D BY LOCAL REG.: June 30, 1915
22. REGISTRAR'S SIGNATURE: Dr. Jer. Thompson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1 3 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VIT. DIV.
JAN 15 12 50 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 31217

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elsie Adell Wolheater (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1915 (Date of Event)

in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth 1915 June 27 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elsie Adell Wolheater	Elsie Adele Wolheter
Fathers name	Elme Wolheater	Elmer Wolheter
Mothers ma den name	Edith Marlin	Edith Griswold

Subscribed and sworn to before me this 8th day of January, 1973

Hazel [illegible]

Notary Public, residing at Palouse

My commission expires Mar 27-1975

(Seal)

Signed Blanche Wolheter Neagle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Palouse Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Valley } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1973

[illegible]

Notary Public, residing at [illegible]

My commission expires Jan 15 1975

(Seal)

Signed Judy K. [illegible]
(Signature of Any Credible Person)

Box 735 McCall Ida
(Street Address, City, State)

Family Bible Record gives name as Edith A. Griswold born May 1891 mother of Elsie Adell Wolheter born June 27,1915. Father is listed as Elmer Wolheter. Bible Record obviously old.

A brother's certificate on file with state of Idaho gives name as Eli Scott Wolheter born April 19, 1921. Father is listed as Elmer Wolheter and mother Edith Griswold. Certificate # 89267
Viewed by V.S.

A childs certificate, on file with state of Idaho gives name of mother as Elsie Addell Wolheter. Child born May 28, 1932, state file # 202075.
Viewed by V.s.

415-121
006-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 31218

No. 565 N. Stout St.

Primary Registration District No. 1007 Registered No. 107

Hospital

FULL NAME OF CHILD John Henry Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Davis	FULL MAIDEN NAME	Katherine Cotton
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed July 1 1915 W. E. Patrick Registrar

8-Y CO. 84555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 3 1942

[redacted]

[redacted]

292-110-[illegible]96[illegible]

For a V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. E. Judical St.

Hospital No.

Registration District No. 121

File No. 31219

Primary Registration District No. 2194

Registered No. 90

FULL NAME OF CHILD Lawrence Bishoff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	6 10 1915

FATHER		MOTHER	
FULL NAME	Mike Bishoff	FULL MAIDEN NAME	Lilian Robertson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minnesota	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed June 10 1915 W. E. Patrie

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form T. E. Bk. 12-C—Mar-1-1-19

SEPT 2 2 YAM

Near City of Rose Lake

No. 692-206-028-695 St.

Registration District No. 126

File No. 31220

Primary Registration District No. 2204

Registered No. 42

Hospital

FULL NAME OF CHILD ~~Not named~~ Charlotte Fisher

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	third	yes	June 6th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. O. Fisher	FULL MAIDEN NAME	Martha Winkler
RESIDENCE	Near Rose Lake Ida	RESIDENCE	Near Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed July 7 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

Form V. S. No. 11-C—Rev. 1-1-46

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 2 4 1946

PLACE OF BIRTH

County of

317-121-006-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #4 St.

Hospital

Registration District No. 121 File No. 31221

Primary Registration District No. 1007 Registered No. 106

FULL NAME OF CHILD Robert Gilbert Capps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert O. Capps	FULL MAIDEN NAME	Lynes Sallenberger
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address.....

Filed July 1 1915 W. E. Patrick
Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc. 11-13-40 mjp

453-126-006-489

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Blackfoot

Registration District No. 121 File No. 31222

Primary Registration District No. 2144 Registered No. 105

FULL NAME OF CHILD Clyde Metcalf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 26 1915

FATHER		MOTHER	
FULL NAME	Wm Metcalf	FULL MAIDEN NAME	Ella Myrup
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

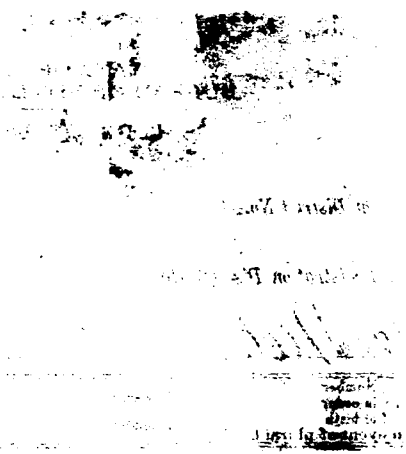
Filed July 1 1915 W. E. Patrick
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



462-206-001-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]IFICATE OF BIRTH

31223

Registration District No. 9 File No. .....

Primary Registration District No. 2001 Registered No. 56

FULL NAME OF CHILD Esther Marie Dobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		yes	May 6 1915

FATHER		MOTHER	
FULL NAME	Frank Dobson	FULL MAIDEN NAME	Lulu B Miller
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stock Man	OCCUPATION	Stwife

Number of child of this mother, including present birth 21 Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hale M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Star Idaho

Filed May 6 1915 Ola Hale M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise Star
   (d) ~~Street Address or~~ R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star Ida

4. **FULL NAME OF CHILD** Esther Marie Dobson

5. Date of Birth of Child (Month, day, year) May 6, 1917

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Dobson
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Dixie (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cattleman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu B. Miller
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Boise Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Dr Hall (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lulu B. Dobson Signature

29-N 27th Boise P. O. Address

Subscribed and sworn to before me this 5th day of March, 1945.

(SEAL) W. A. Hooker, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____, ____ by ____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-217-001-699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31224

County of Ada

City of Eagle R F D

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2001

Registered No. 55

Hospital

FULL NAME OF CHILD Lois May Christensen

Sex of Child F. W	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George J Christensen	FULL MAIDEN NAME	Madoline Wright
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	W Virginia
OCCUPATION	Farming	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 17.40 P.M on the date above stated.

(Born alive or stillborn)

(Signature) Ow Hall MD

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address Star Route

Filed May 20 1915 Ow Hall

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1959

719-111-016-843

Form V. S. No. 11-C—25m-1-1-18

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31225

PLACE OF BIRTH

County of Cassia

City of Malta

No. ——— St.

Hospital ———

Registration District No. 119

Primary Registration District No. ———

File No. ———

Registered No. ———

FULL NAME OF CHILD ———

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	June 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Esther Parke	FULL MAIDEN NAME	Celia Hutchison
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Dublett Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sater M.D.

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report.

..... 19....

Filed June 19 15 C. L. Sater

..... Registrar

S-Y CO. 24655

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-111-016-842

PLACE OF BIRTH

County of Cassia

City of Sublett

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 119

File No. 31226

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Calvin Nelson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	June 11 1915

(To be answered only in event of plural births)

FATHER

FULL NAME Ephraim Martin Nelson

RESIDENCE Sublett Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Wyoming

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Madia Matilda Hunkell

RESIDENCE Sublett Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Slater

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed June 19 15 C. I. Slater

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/31/41 L. B.

DECEASED

466-123-016-268

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Sublett

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31227

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? No	Date of Birth May (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Powers ?	FULL MAIDEN NAME	Sadie Rae Boyle
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sublett Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

(Physician or midwife)

Address Malta Idaho

Filed May 19 15 C. I. Sater Registrar

Given names added from a supplemental report.

..... 19 .....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-109-040-599

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted]
BUREAU OF [redacted]STICS
CERTIFICATE [redacted]

31228

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123 File No. 48

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Leo Lenark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	June 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Johnson	FULL MAIDEN NAME	Evaline Erickson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilma Kumpumaki
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg Idaho

Filed June 11 1915 Geo. S. Lesher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 00 1915-245587

795-220-040-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

31229

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 49

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Mary~~ Lillian Frances Gregoreich

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		6	yes	June (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Gregoreich	FULL MAIDEN NAME	Mary Saeger
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Austria	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 6/22 1915 Geo. S. Lesher Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1951

693-130-006-135

PLACE OF BIRTH

STATE OF IDAHO [redacted] No. 11-C—25m-1-1-13
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. N. Ash St.

Registration District No. 121 File No. 31230

Hospital No

Primary Registration District No. 1007 Registered No. 108

FULL NAME OF CHILD Donald Alvin Wittig

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin Wittig	FULL MAIDEN NAME	Helen Alves
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Tex
OCCUPATION	Drug Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth B. A. 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys Blackfoot (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed July 1 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

JAN 25 1952

535-103-014-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9123

Primary Registration District No. 2007 Registered No. 36

FULL NAME OF CHILD Francis Deason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M	✓	✓	Yes	6 3 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. E. Deason	Nora Reynolds
RESIDENCE	Parma Idaho	Parma
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Ark.	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female (born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. J. Deason

M. D.
(Physician or midwife)

Address Parma Idaho.

Filed July 2 19 15 Lulu Waldrop
Registrar

S-Y CO. 24688

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231

OCT 14 1942

154-129-014-271

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 1[illegible]C—25m-1-1-18

CERTIFICATE OF BIRTH

31232

County of Canyon

City of Notus

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 41

Hospital

FULL NAME OF CHILD Oral Frederick Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 29 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oral T. Andrews	FULL MAIDEN NAME	Anna V. Sparth
RESIDENCE	Idaho, Notus	RESIDENCE	Notus
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2"

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 8 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1963
AUG 18 1975

993-101-016-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 1941

CERTIFICATE OF BIRTH

31233

County of Canyon

City of Conant

No. — St.

Hospital —

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Champ Clark Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2	Yes	July 1 1915

FATHER	MOTHER
FULL NAME Roscoe Sherman Rice	FULL MAIDEN NAME Agnes Hutchison
RESIDENCE Conant Idaho	RESIDENCE Conant Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Albion Idaho	BIRTHPLACE Sublett Ida
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Salter M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

— 19...

Filed July 19 15 C. J. Salter

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUL 8

State of Idaho
County of Cassia } ss.

Certificate No. 31233
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of July I, 1915 (Birth or death)
for Champ Clark Rice (Name on original certificate) who July I 1915 (Was born or died) on (Date of event)
in Conant Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by mother (Bible record, insurance policy, etc.) prepared on July 1 - 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	not named	Champ Clark Rice
birthplace	Conant	Conant Idaho

Subscribed and sworn to before me this 7th day of July 1941
Theodore H. Gathe Jr.
Notary Public, residing at Pocatello Idaho
My commission expires Feb. 15 - 1942
[SEAL]

Signed Mrs. Agnes Rice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
406 Lo 3rd Pocatello Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Bannock } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July 1941
Theodore H. Gathe Jr.
Notary Public, residing at Pocatello Ida
My commission expires Feb 15-1942
[SEAL]

Signed Roslon Rice
(Signature of any credible person other than the previous affiant)
406 Lo 3rd Pocatello Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-10-41

659-115-006-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Apple Add St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 31234

Primary Registration District No. 1007 Registered No. 110

FULL NAME OF CHILD Floyd W. Naiandr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	June 15 1915

FATHER	MOTHER
FULL NAME Will C. Naiandr	FULL MAIDEN NAME Lulu Broadbent
RESIDENCE Blackfoot	RESIDENCE Do
COLOR W AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Oklahoma	BIRTHPLACE Mann
OCCUPATION Farmer	OCCUPATION H

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petric

(Physician or midwife)

Address Blackfoot Idaho

Filed July 6 19 15 M. E. Petric

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24888

OCT 28 1975

-219-006-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. — St.

Hospital —

Registration District No. 121 File No. 31235

Primary Registration District No. 2194 Registered No. 111

FULL NAME OF CHILD Unnamed Bithell

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter P. Bithell	FULL MAIDEN NAME	Bertha E. Blackhart
RESIDENCE	Blackfoot Route 3	RESIDENCE	Do
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Blackfoot Ida

Filed Jul 1 1915 W. E. Patrie
Registrar

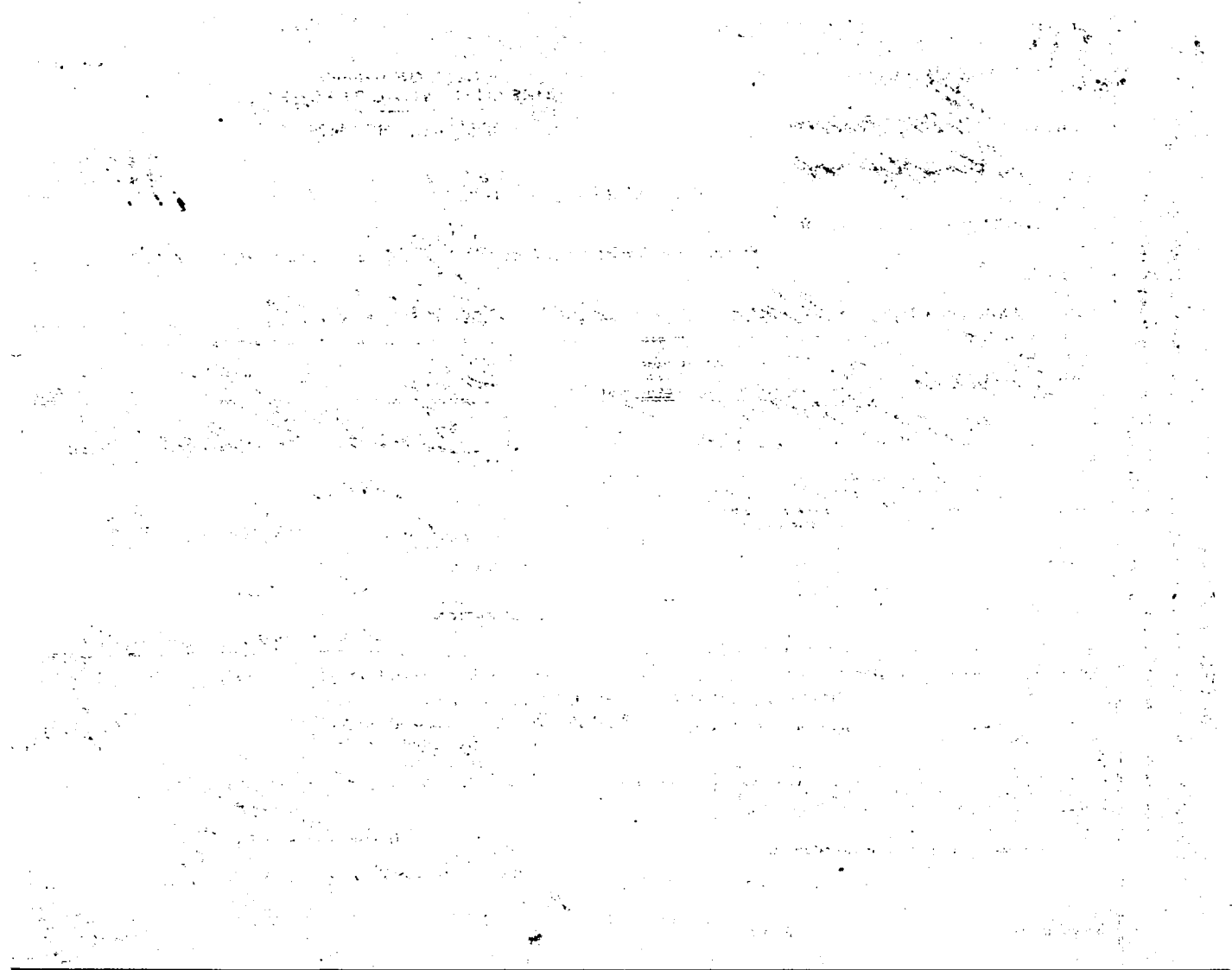
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



553-125-006-335

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. E Court 187 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 31236

Primary Registration District No. 1007 Registered No. 112

FULL NAME OF CHILD ~~Hon~~ Erling Marcus Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ludwig A. Nelson	FULL MAIDEN NAME	Mary C. Cleveland
RESIDENCE	Blackfoot	RESIDENCE	do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Norway	BIRTHPLACE	Wyo
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 25 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Patrie

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jul 1 1915 W E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

JAN 4 1947

Amended Sept. 2, 1952

PLACE OF BIRTH
291-204-006-123

County of Bingham
City of Tabor
No. ____ St.
Hospital no

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 31237
Primary Registration District No. 2194 Registered No. 113

FULL NAME OF CHILD ELVERA LUCILE KRAMLICH
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 4, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Michael C. Kramlich	FULL MAIDEN NAME	Clara Ascherbramer
RESIDENCE	Tabor, Idaho	RESIDENCE	Tabor, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) W. E. Patrie
phys.
(Physician or midwife)
Address Blackfoot, Idaho

Filed Jul. 1 1915 W.E.Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ashington
County of King } ss.

Certificate No. 31237

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mild ed Lucile Kramlich (Name on Original Certificate) who born (Was Born or Died) on June 4th, 1915 (Date of Event) in Tabor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 4th, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Mildred Lucile Kramlich	Elvera Lucile Kramlich

Subscribed and sworn to before me this 12th day of August 19 52

Notary Public, residing at Seattle
My commission expires December 6th, 1955
(Seal)

Signed Mildred L Kramlich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

818 East 97th, Seattle 5, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ashington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of August 19 52

Notary Public, residing at Seattle
My commission expires December 6th, 1955
(Seal)

Signed Clara Kramlich
(Signature of Any Credible Person)

818 East 97th, Seattle 5, Washington
(Street Address, City, State)

391-109-006-359

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

31238

County of Bingham

City of Blackfoot

No. E. Judicial St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 1007 Registered No. 114

FULL NAME OF CHILD Hugh Torrey Craig. ~~Unnamed~~ Craig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Apr 9 1915

FATHER		MOTHER	
FULL NAME	Wilbur Craig	FULL MAIDEN NAME	Psychie Terry
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	~~Mark~~ Oregon
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys
(Physician or midwife)

Given names added from a supplemental report.

Hugh, 19

Address Blackfoot Idaho

Filed Jul 1 1915 W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 17

249-219-006-226

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31239

County of Bingham

City of Blackfoot

No. Dipper Add.

Hospital

Registration District No. 121 **File No.**

Primary Registration District No. 1007 **Registered No.** 115

FULL NAME OF CHILD Hazel Smith

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** June 19 1915 (Month) (Day) (Year)

	FATHER		**MOTHER**
FULL NAME	Paul Smith	**FULL MAIDEN NAME**	Verna Skousan
RESIDENCE	Blackfoot Idaho	**RESIDENCE**	Do
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	29 (Years)	**AGE AT LAST BIRTHDAY**	25 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Mexico
OCCUPATION	Barber	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jul 1 1915 W. E. Patrie

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1973

236-218-006-493

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

31240

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 116

FULL NAME OF CHILD Barbara Louise Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 18 1915

FATHER		MOTHER	
FULL NAME	George Stone	FULL MAIDEN NAME	Ida Miller
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Packer & Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. E. Patrie

Phys

(Physician or midwife)

Address Blackfoot Idaho

Filed July 1 19 15 M. E. Patrie

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1972
AUG 8 1973

869-103-006-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121 File No. 31241

No. ..... St.

Primary Registration District No. 2194 Registered No. 117

Hospital .....

FULL NAME OF CHILD Leland Earl Horton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	6 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Miles Horton	FULL MAIDEN NAME	Nina Cameron
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	~~Wife & Mother~~ Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12-30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Croford

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Thomas Ward

..... Registrar Filed Jul 1 1915 M. E. Patrie Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1943

168-117-025-451

[redacted] SE OF BIRTH

Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31242

Primary Registration District No. 2181 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	~~Twin, Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male		3d	yes	June 17 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Everett Johnson	FULL MAIDEN NAME	Ethel DeLamond
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O N Slusser M. D.

(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

.....19.....

Filed July 9 1915 G S Stockton

.....
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

863-105-025-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31243

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 36

FULL NAME OF CHILD EMMETTE RAYMOND HOLMAN

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1st	yes	June 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. Emmett Holman	FULL MAIDEN NAME	Jessie Pearl Barnett
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white — AGE AT LAST BIRTHDAY 30 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed July 9 1915 G. S. Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 31243

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emmette Raymond Holman (Name on Original Certificate) who was born (Was Born or Died) on June [illegible], 19[illegible] (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Emmette Raymond Holman

Subscribed and sworn to before me this 27th day of June, 1942

Bertha McEargar
Notary Public, residing at Grangeville Ida.

My commission expires Aug 1-1944
(Seal)

Signed I Emmett Holman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Grangeville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1942.

Bertha McEargar
Notary Public, residing at Grangeville Idaho.

My commission expires Idaho Aug 1-1944
(Seal)

Signed Mrs Frances Barnett
(Signature of Any Credible Person Other Than Previous Years) Neighbor

Grangeville Ida
(Street Address, City, State)

JUL 30 1942

JUL 31 1942

249-102-025-433

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31244

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 1001 Registered No. 35

Hospital

FULL NAME OF CHILD

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		4	yes	June 2 1915

FATHER		MOTHER	
FULL NAME	Robert Lee Smith	FULL MAIDEN NAME	Rhoda McLain
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Arkansas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O N Slusser M.D.

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

19

Registrar

Filed July 9 1915 G S Stockton

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

691-102-025-258

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31245

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 34

Hospital .....

FULL NAME OF CHILD Albert Elvin Dray.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	Yes	6 (Month) – 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Dray	FULL MAIDEN NAME	Addie Snyder
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician (Physician or midwife)

Address Grangeville, Ida.

Given names added from a supplemental report

..... 19.....

Filed July 8 1915 G. S. Stratton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 31245

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Elnin Frey (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1915 (Date of Event)
in Grangeville Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy + School records. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Albert Elnin Frey	Albert Elvin Fray
Fathers Name	Albert Frey	Albert Fray

Subscribed and sworn to before me this 2nd day of February, 1944.
Edith I. Pfinger
Notary Public, residing at Portland
My commission expires May 1, 1945.
(Seal)

Signed Albert Fray Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 15 Box 3220 Portland 16 Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 1944.
Edith I. Pfinger
Notary Public, residing at Portland Ore.
My commission expires May 1, 1945.
(Seal)

Signed Harold C Lockwood
(Signature of Any Credible Person Other Than Previous Year)
8225 N.E. Hassalo.
(Street Address, City, State)
Portland Ore

FEB 9 1944

466-207-025-849

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31246

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 33

FULL NAME OF CHILD Esther Anna Moffitt

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	3	Yes	6 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Moffitt	Rosa Unterwegner
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	34 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Warner

Physician

(Physician or midwife)

Address Grangeville Ida.

Given names added from a supplemental report

..... 19.....

Filed July 8 1915 G S Stockton

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1971

8-2-71

71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

na,e

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 15 1971 Bureau of Vital Statistics

..... } ss. Certificate No. 31246
..... Date Filed .....

ersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
Unnamed Moffitt (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1915 (Date of Event)
:angeville (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
:e shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

TO BE CORRECTED (rth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
lds name	Unnamed Moffitt	Esther Anna Moffitt

and sworn to before me this 9th day of September, 19 71

Public, residing at Sherman Jct
mmission expires July 8th 1974

Signed Rosa Moffitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burgdorf Id
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Idaho } ss.
Marion

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

dersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they the best of his knowledge.

and sworn to before me this 9th day of September, 19 71

Public, residing at Sherman Jct
mmission expires July 8th 1974

Signed Woodrow Wilson
(Signature of Any Credible Person)
Shelley Id
(Street Address, City, State)

0-155

Biggdville Twonship High School, Biggsville, Illinois ~~g~~ class ~~roll~~ for the Class of 1932 gives name as Esther A. Moffitt. Viewed by V. S.

DEC 1 19

Certificate of Marriage gives groom's name as Woodrow F. Salter and the birde's as Esther Anna Moffitt. Dated Aug. 12, 1938 in Iowa. Viewed by V. S.

313-125-025-365

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31247

Primary Registration District No. 1001 Registered No. 32

FULL NAME OF CHILD CAROL CLARENCE CALKINS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-	-	Yes	June 25, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Leon Calkins	FULL MAIDEN NAME	Ada Sweely
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:10 a. M. on the date above stated.

(Signature) Jesse L. Rains

(Physician or Midwife)

Address Grangeville Idaho

Filed July 7 1915 G. O. Stockton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible] }

Certificate No. 31247

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for [illegible] (Name on Original Certificate) who born (Was Born or Died) on June 25, 1915 (Date of Event)
in [illegible], Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Carol Clarence Calkins
Carol Clarence Calkins		

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible].

Ora Sturdevant

Notary Public, residing at [illegible], Idaho

My commission expires [illegible], 1942
(Seal)

Signed Ada Evaline Calkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible], [illegible], Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible].

Ora Sturdevant

Notary Public, residing at [illegible], Idaho

My commission expires [illegible], 1942
(Seal)

Signed Charley Leroy Calkins
(Signature of Any Credible Person Other Than Previous Year)

[illegible], [illegible], Idaho
(Street Address, City, State)

761-130-025-761

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31248

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				no	June 30 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Georgia Goan
RESIDENCE		RESIDENCE	Mt Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR W	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1915 G S Stricklin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GOAN

DUP OF 1915-325768

125-122-025-619

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31249

Primary Registration District No. 2181 Registered No. 30

FULL NAME OF CHILD DELBERT OWEN AKERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 22 1915

FATHER		MOTHER	
FULL NAME	Roy O Akers	FULL MAIDEN NAME	Melvia C Farris
RESIDENCE	Winona Ida	RESIDENCE	Winona Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or Midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 1915 G S Stockton

..... Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 31249

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Delbert Owen Akers (Birth or Death)
for none (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1915 (Date of Event)
in Fruita Utah (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delbert Owen Akers

Subscribed and sworn to before me this 13th day of May, 1942

Signed Roy Owen Akers, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Portland, Oregon

My commission expires 4-9-45 (Seal)

3704 N.E. [illegible] Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1942

Signed Erma D. [illegible]
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Portland, Oregon

My commission expires 4-9-45 (Seal)

[illegible] Portland, Ore.
(Street Address, City, State)

MAY 14 1942

269-206-025-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31250

Registration District No. 103 File No. .....

Primary Registration District No. 2181g Registered No. 29

FULL NAME OF CHILD Norma Claire Sorweide

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm a Sorweide	FULL MAIDEN NAME	May N Burridge
RESIDENCE	Harpster Ida	RESIDENCE	Harpster Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

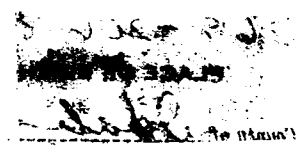
..... 19.....

Filed July 1 1915 G S Stockton

..... Registrar

Registrar

S-Y CO. 20174



415-114-025-866

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31251

Primary Registration District No. 2181 Registered No. 28

FULL NAME OF CHILD Edward Miles Donelly

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Sing	3	Yes	May (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Donelly	FULL MAIDEN NAME	Edith Julia Howe
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Orangeville, Idaho

Filed July 1 1915 G. S. Stockton Registrar

..... Registrar

S-Y CO. 20174

352-110-025-251

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31252

Primary Registration District No. 2181 Registered No. 27

FULL NAME OF CHILD Merlin Wright LeBert

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1st	Yes	5 (Month) – 10 (Day) – 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rennie H. Lebert	FULL MAIDEN NAME	Beulah Beal
RESIDENCE	Heron, Mont.	RESIDENCE	Heron Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Huston Mont	BIRTHPLACE	Davis. Co. Mo.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician (Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 1915 G B Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31252

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lebert (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1915 (Date of Event)
in Harpster, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Lebert	Merlin Wright LeBert

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of
January, 19 75

Signed [signature] (Signature of Any Credible Person)

Notary Public, residing at Lewiston, Idaho
My commission expires May 21, 1977
(Seal)

524 [illegible] Lewiston Idaho (Street Address, City, State)

CL 1/22/75 nm

FORM DH 60-155

Report card from for the school year of Sept 13 1926 to May 1926. gives name as Merlin LeBert. viewed by V. S.

FEB 5 1975

Insurance poliyc from Ohio National Life Ins. Co. gives name as Merlin Wright LeBert. born May 10, 1915. signedJan. ??,1936. viewed by V. S.

555-209-025-236

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3[redacted]53

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 26

FULL NAME OF CHILD Gladys Irene Everest

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	Yes	May 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas H. Everest	FULL MAIDEN NAME	Ora M. Scott
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Lanner

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Grangeville Idaho

Filed July 1 1915 G S Stockton Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

Form V. S. No. 11-C—20m-8-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3[illegible]3

[illegible] MUST BE USED IN PRINT FORM

WITH UNFADING INK — THIS IS A PERMA PRINT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

133 - 202 - 007 - 1355 No. ..... St.

Registration District No. 21

File No. 31254

Primary Registration District No. 2077

Registered No. 50

Hospital .....

FULL NAME OF CHILD Floraline Alice Allen

Sex of Child Female

Twin Triplet or other? } and { Number in order of birth } (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo R. Allen	FULL MAIDEN NAME	Minnie Lee
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bellevue Ida	BIRTHPLACE	Hailey Ida
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed June 10 1915 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

OCT 2 7 1976

869-2004-007-275

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 31255

Primary Registration District No. 2077 Registered No. 51

FULL NAME OF CHILD Barbara Ruth Horne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 6 1915

FATHER		MOTHER	
FULL NAME	Robert Harris	FULL MAIDEN NAME	Lena Spencer
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Hailey Idaho	BIRTHPLACE	California
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Beach M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10, 19 15 Robert H. Wright Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1975

DECEASED

293-210
007-25[redacted]

[redacted]RTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31256

County of [redacted]

City of [redacted]

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2099 Registered No. 52

FULL NAM[redacted] ~~No name~~ Silas Pilar Bilbao

Sex of Child female | [redacted]in [redacted]plet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Simon Bilbao	FULL MAIDEN NAME	Gregoria Berrichoa
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spaine	BIRTHPLACE	Spaine
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Hailey

Filed June 15 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

235-105
003-168

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31257

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 456 S. 10th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 794

FULL NAME OF CHILD Kirby Galen Stepp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	June 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Stepp	FULL MAIDEN NAME	Emma Augusta Johnson
RESIDENCE	456 S. 10th St.	RESIDENCE	456 S. 10th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	K. C. Mo.	BIRTHPLACE	Blackfoot - Ida
OCCUPATION	Teamster	OCCUPATION	Hoswife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed June 19 1915 O. B. Steele
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 27 1967

SEP 18 1942

[redacted] 16 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-107-003-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

31258

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 438 W. Custer St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 795

FULL NAME OF CHILD Poynter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June 7th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry T. Poynter	FULL MAIDEN NAME	Lena Jensen
RESIDENCE	Pocatello	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Louisville Ky	BIRTHPLACE	Clarkston, Mich
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beeley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed June 10, 1915 O B Beeley

Registrar

S-Y CO. 20174

597-209-003-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31259

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84 File No. 16

No. 505 So ~~Hayes~~ Grant St.

Primary Registration District No. 2161 Registered No. 796

Hospital

FULL NAME OF CHILD Nixon, Frances Elizabeth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	yes	June 9, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel M. Nixon	FULL MAIDEN NAME	Fannie A Lott
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Baraboo Wis.	BIRTHPLACE	Chippewa Falls, Wis
OCCUPATION	Real Estate	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)* O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed June 15, 1915 O B Steely
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1968

466-110-003-814

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31260

County of Bannock

City of Pocatello

No. 530 No Garfield St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 797

FULL NAME OF CHILD Edward Robert Mooney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 10 1915

FATHER	MOTHER
FULL NAME: J. Richard Mooney	FULL MAIDEN NAME: Mary Haddow
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Gibbon, Nebr.	BIRTHPLACE: Trinidadx, Colo
OCCUPATION: Auto Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Richard Mooney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Pocatello, Ida.

Filed June 16, 1916

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1943

419-216-003-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31261

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 427 N. Main St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 798

FULL NAME OF CHILD Ursula RABONNA Martin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	August 16th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert M. Martin	FULL MAIDEN NAME	Marguerite Cooper
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Greensburg, Ind.	BIRTHPLACE	Lexington, Ky
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed June 20, 1915 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of .....

Certificate No. 31261

Date Filed May 18-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)

for Ursula Martin (Name on Original Certificate) who was Born (Was Born ~~or Died~~) on Aug. 16. 1915 (Date of Event)

in Vocatello Idaho (Place of Event) are erroneous or ~~were omitted~~ "Bible Records" "at Birth"; and that, to the best of his knowledge, the true facts are shown by met Life Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Issued on May-1-1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	June 15, 1915	Aug. 16, 1915
middle name	Ursula -----	Ursula Rabonna Martin

Subscribed and sworn to before me this 18th day of May, 1942

Notary Public, residing at 311 White Bldg

My commission expires June 1943
(Seal)

Signed Robert M. Martin - "Father"
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

803 - E. 72nd Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1942

Notary Public, residing at 311 White Bldg

My commission expires June 1943
(Seal)

Signed Herbert E. Allen
(Signature of Any Credible Person Other Than Previous Year)

9545 Burke ave
(Street Address, City, State)
Seattle Wash.

MAY 23 1942

253-217-003-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31262

County of Bannock

City of Pocatello

No. 316 So Johnson St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 799

FULL NAME OF CHILD Pauline Marguerite Self

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. Paul Self	FULL MAIDEN NAME	Edythe Mary Lindburg
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Guthrie, Mo	BIRTHPLACE	Stromberg, Neb
OCCUPATION	Carpenter	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Ida

Filed June 20, 1915 O B Lucy
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-222-003-547

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31263

County of Bannock

City of Pocatello

No. 1142 N. Hayes St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 800

FULL NAME OF CHILD Wilma Jean Castagneto

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	✓		✓	yes	June 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd W. Castagneto	FULL MAIDEN NAME	Hanna L. Edgley
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Valley Nebr	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed June 25, 1915 O. B. Steely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1 1970
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 3 1 2 6 3

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Hannah (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 22, 1915 (DATE OF EVENT)
in Pocatello Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Helena Joan Castagneto

Subscribed and sworn to before me this 19th
day of May, 1942

Notary Public, residing at Nampa, Idaho

My commission expires Feb. 28, 1945
(SEAL)

Signed Hanna L. Castagneto
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1211-6 St. So. Nampa Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

Own childs birth certificate on file Idaho, # 49-8234 gives name of mother as Wilma Jean Castageneto. Chiled born July 3, 1949

MAR 11 1970

Viewed by V.S.

Social Security Card gives name as Wilma Jean Castageneto Corn, # 519 09 6164
Issued 1954. Originally issued in 1938.
Viewed by V.S

261-125-003-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31264

County of Bannock

City of Pocatello

No. 439 So arthur St.

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 801

Hospital

FULL NAME OF CHILD Howard A. Swanson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	June 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred H. Swanson	FULL MAIDEN NAME	Ora M. Clark
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wahoo Nebr	BIRTHPLACE	Sac City, Iowa
OCCUPATION	Prop. Laundry	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed June 25, 1915 O B Steely

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-201-003-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 31265

County of Bannock

City of Pocatello

No. 527 E. Bridge St.

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 778

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	May 1 1915

FATHER	MOTHER
FULL NAME Robert Duridone	FULL MAIDEN NAME Georgia Pardini
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Handy Man R.R. Shop	OCCUPATION At Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12-15 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed May 15, 1915

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-203-003-451

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 622 W. Whitman St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31266

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 775

FULL NAME OF CHILD ~~Kimpton~~ Clara May Kempton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes	6 - 3 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ransom Kempton	FULL MAIDEN NAME	Violet Meacham
RESIDENCE	622 W. Whitman St. Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wood River Idaho	BIRTHPLACE	Oak City Utah
OCCUPATION	Boilermakers helpers.	OCCUPATION	H Swf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 5 20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.

Kane Bldg - Pocatello - Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address.

Filed June 1, 1915 J. B. Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1949

962-106-003-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31267

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 404 So. Hayes St.

Registration District No. 84 **File No.** 16

Primary Registration District No. 2161 **Registered No.** 776

Hospital

FULL NAME OF CHILD Stanley Baker Rose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	May 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Henry Rose	FULL MAIDEN NAME	Stanley Baker
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Barron, Wis	BIRTHPLACE	Teton, Idaho
OCCUPATION	Restaurant Prop	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 58 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D. (Physician or midwife)

Address Pocatello, Idaho

Filed May 15, 1915 O B Huey Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-107-003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31268

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Ranch, So of City St.

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 777

Hospital

FULL NAME OF CHILD Eileen Margaret Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	May (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Smith	FULL MAIDEN NAME	Rose Genevieve Campbell
RESIDENCE	Farm So. of Pocatello	RESIDENCE	Farm So. of Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Angus, Iowa	BIRTHPLACE	Scranton, Pa
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed June 1, 1915 P. B. Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1975

219-108-003-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31269

County of Bannock

City of Pocatello-Ida

No. 1009 S. 3rd St.

Hospital ——

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 778

FULL NAME OF CHILD ~~Archie~~ Howard Barnhill

Sex of Child	Twin-Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	5-8-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Barnhill	FULL MAIDEN NAME	Della May Green
RESIDENCE	1009 S. 3rd St.	RESIDENCE	1009 S. 3rd St. Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	St. Louis - Mo.	BIRTHPLACE	Star Valley Wyo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard, M.D.
Kane Bldg - Pocatello - Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 1, 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN MAY BE USED FOR BINDING

3/26/41 Z.J.

869-210-003-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31270

County of Bannock

City of Pocatello

No. North Pocatello St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 779

FULL NAME OF CHILD Grace Carolyn Horton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Orval Horton	FULL MAIDEN NAME	Mary Rosaline Pierce
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Springdale, Ark	BIRTHPLACE	Springdale, Ark
OCCUPATION	Truckman R.R.	OCCUPATION	H. Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19..

Address Pocatello, Idaho

Filed May 15, 1915 O. B. Leech Registrar

Registrar

S-T CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1945

MAY 7 1942

629-214-003-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31271

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 855-So. 3rd Ave St.

Hospital home

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 780

FULL NAME OF CHILD Eliza Obrien

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	(To be answered only in event of plural births)			yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Obrien	FULL MAIDEN NAME	Mary Elizabeth Hansen
RESIDENCE	855-So. 3rd	RESIDENCE	855-So. 3rd Ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Utah
OCCUPATION	Common labor	OCCUPATION	House keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905-So Main St

Filed June 1, 1915

O P Steele
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

613-215-003-553

Form V. S. No. 11-C—20m-2-15-12

31272

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 340 N. 9th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 781

FULL NAME OF CHILD Anna Louise Waldram

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert William Waldram	FULL MAIDEN NAME	Mary Estella Nelson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rexburg, Idaho	BIRTHPLACE	Blackfoot, Ida
OCCUPATION	Grocery Clerk	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed June 1, 1915 O. Steele
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 19

613-115-003-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31273

County of Bannock

City of Pocatello

No. 711 So. 3rd Ave. St.

Hospital home

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 782

FULL NAME OF CHILD Eugene Arnold Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Watson	FULL MAIDEN NAME	Gertrude E. Chandler
RESIDENCE	711 So. 3rd Ave.	RESIDENCE	711 So. 3rd Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 905 So. Main St.

Filed June 1, 1915

..... Registrar

S-Y CO. 24695

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Baptism and Confirmation, June 3, 1923 gives full name of child as Eugene Arnold Watson, son of Arthur Watson and Gertrude E. Chandler, born May 15, 1915 at Pocatello, Idaho - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #56-3398, died Sept. 27, 1956 at Pocatello, Idaho gives full name of deceased as Gertrude Elizabeth Watson, born Sept. 6, 1875 at Cambridgeshire, England to Thomas Chandler and Mary Catmull - viewed by V.S.

RECEIVED
NOV 22 1961
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 31273

State of IDAHO
County of BANNOCK } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eugene Arnold Watson (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on June 3, 1923 & June 6, 1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Full Maiden Name	Not Given	Gertrude E. Chandler

Subscribed and sworn to before me this 20th day of November, 19 61.
Notary Public, residing at Pocatello, Idaho.
My commission expires Aug. 3, 1965
(Seal)

Signed Arthur Lewis Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. BX 413 Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of November, 19 61.
Notary Public, residing at Pocatello, Idaho.
My commission expires Aug. 3, 1965
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-28-61. one copy pd. receipt #2062.

NOV 24 1991

656 - 16 - 783 - 84

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31274
Local Reg. No. 783
Reg. Dist. No. 84

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 255 S. Hayes Ave.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location): 255 S. Hayes Ave.

3. CHILD'S NAME (Type or print)

a. (First): Donald b. (Middle): Arthur c. (Last): O'Connor

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	May 16, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Arthur b. (Middle): C. c. (Last): O'Connor

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Spokane, Washington	Stenographer, O.S.S.	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Wilma b. (Middle): Ann c. (Last): Harding

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
19 YEARS	Salt Lake City, Utah	0		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. F. Howard, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kane Bldg., Pocatello, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: June 1, 1915

22. REGISTRAR'S SIGNATURE: O. B. Steely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 4AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Los Angeles, California,

January 23, 1941

TO WHOM IT MAY CONCERN:

This is to certify that on January 30, 1920 Albert L. Emberson and Mrs. Wilma Ann O'Connor were married in Los Angeles, California

Mrs. O'Connor had a son, Donald Arthur O'Connor, who has used the last name of Emberson since the above date. School and employment records will show the name of Donald Emberson, rather than Donald O'Connor.

Respectfully,

Albert L. Emberson

Wilma Ann O'Connor Emberson

County of Los Angeles
State of California

Subscribed and sworn to before me, a Notary Public, by Albert L. Emberson and Wilma Ann O'Connor Emberson, this 23rd day of January, 1941.

Notary Public

My Commission Expires Aug. 2, 1943

313-117-003-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31275

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 621 N. 7th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 784

FULL NAME OF CHILD Eugene Edward Caccia

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Giovanni Caccia	FULL MAIDEN NAME	Luisetti Annita
RESIDENCE	621 N. 7th St	RESIDENCE	621 N. 7th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Machinist Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Sprague

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kane Bldg

Filed June 1 1915 J. B. Seely Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-117-003-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 326 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31276

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 785

FULL NAME OF CHILD ~~Lawrence~~ John Stewart Geo. Gilbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	5 (Month) – 17 (Day) – 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. S. Gilbert	FULL MAIDEN NAME	Elizabeth Coltman
RESIDENCE	326 N. Main St.	RESIDENCE	326 N. Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nova Scotia
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole MD

Kane Bldg – Pocatello Ida

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed June 1, 1915 O B Sisco

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-219-003-396

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31277

County of Bannock

City of Pocatello

No. 256 So Johnson St.

Hospital home

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 786

FULL NAME OF CHILD Ruth Keane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Keane	FULL MAIDEN NAME	Ruby Solena Croxall
RESIDENCE	256 So. Johnson St.	RESIDENCE	256 So. Johnson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Common labor	OCCUPATION	

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address 905 So. Main St.

Filed June 1, 1915

O. B. Lieck Registrar

B-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1957

JAN 15 1959

456-220
003-497

PLACE OF BIRTH

County of Bannock Amended 2/27/75 CERTIFICATE OF BIRTH 31278

City of Pocatello Registration District No. 84 File No. 16

No. 533 N Fifth St. Primary Registration District No. 2161 Registered No. 787

Hospital

FULL NAME OF CHILD Carmen DeFilippis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	/		/	Yes	May 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis DeFilippis	FULL MAIDEN NAME	Chiarina Di Giacomo
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Oilman R.R.	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 05 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho.

Filed June 10, 1915 O B Seely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 2 1 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

tate of California } ss.
ounty of Alameda }

VITAL STATISTICS
JAN 23 12 44 PM '75

Certificate No. 31278

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
or Unnamed DeFillippi (female) (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1915 (Date of Event)
n Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
rue facts are shown by Certificate of 1st Holy Communion (Bible Record, Insurance Policy, Etc.) prepared on October 19, 1970 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Carmen DeFilippis
Father's last name	DeFillippi	DeFilippis

Subscribed and sworn to before me this 20th day of January, 19 75

Notary Public, residing at San Leandro
My commission expires April 29, 1977
(Seal)

Signed Mrs. Concepcion DeFilippis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1566 - 140th Avenue, San Leandro, Ca 94578
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19

Notary Public, residing at
My commission expires
(Seal)

OFFICIAL SEAL
DAVID COOPER
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Comm. Expires April 29, 1977

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/4/71 nm

Twenty Year Payment Life certificate from The Independent Order of Foresters gives name as Carmen Miraglio. dated issued Feb. 12, 1952. viewed by V. S. FEB 2 . 1975

Social Security Card fxom (570-07-6630) gives name as Carmen Miraglio. dated 8-16-37. viewed by V.S.

Certif. of Natuealization from the United States gives name as Joseph Defilip dated Oct. 13 1919., xixwe before naturalization was citizen ofVi Italy. viei by V. S.

MaYYIXWKXXIXWXXX

749-122-003-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31279

County of Bannock

City of Pocatello

No. 506 N. Garfield

Hospital —

Registration District No. 84

File No. 16

Primary Registration District No. 2161

Registered No. 788

FULL NAME OF CHILD Chas Richmond Guild

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	5-22-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Danl. R. Guild	FULL MAIDEN NAME	Pearl Heiser
RESIDENCE	506 N. Garfield Av.	RESIDENCE	506 N. Garfield Av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Grand Rapids, Mich	BIRTHPLACE	Corington Kentucky
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

Kane Bldg Pocatello - Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed June 1, 1915

[signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1964

APR 1 1942

814-223-003-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 655 No. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31280

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 789

FULL NAME OF CHILD Baby Hamilton Ethel May Hamilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	5 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry S. Hamilton	FULL MAIDEN NAME	Ada Mieras
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wisconsin
OCCUPATION	Housewife	OCCUPATION	Minister

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed June 1, 1915

[illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada
County of Washoe } ss.

Certificate No. 31280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Hamilton (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on Aug. 11, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) #403822 viewed by v.s.	TO (The Correct Facts)
Child's name	missing	Ethel May Hamilton

Subscribed and sworn to before me this 12th day of November, 1957
Howard E. Brown
Notary Public, residing at Reno, Nevada
My commission expires
(Seal)

Signed Ada M Hamilton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 685 Sparks Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Washoe } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November, 1957
Howard E. Brown
Notary Public, residing at Reno, Nevada
My commission expires
(Seal) My

Signed Mrs A. Biglieri
(Signature of Any Credible Person)
1133 E. 5th St. Reno Nevada
(Street Address, City, State)

FORM DPH 55.155

DEC 3 1957

299-223-003-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31281

County of Bannock

City of Pocatello

No. 541 E. Whitman St.

Hospital —

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 790

FULL NAME OF CHILD Pearl Bird

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	5 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Albert Bird	FULL MAIDEN NAME	Minnie Davis
RESIDENCE	541 E. Whitman St.	RESIDENCE	541 E. Whitman St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mendom Utah	BIRTHPLACE	Clarkston Utah
OCCUPATION	Passenger Br'kmn.	OCCUPATION	Hoswife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

Kane Bldg. Pocatello - Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 1, 1915

J. B. Steele
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Hospital

FULL NAME OF CHILD

Sex of Child

FATHER

MOTHER

Date of Birth

File No.

Registered No.

666-126-003-569

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 604 No 10th St.

Hospital ———

• STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31282

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 791

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—		—	Yes	May 26 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Maurice Wolfenden	FULL MAIDEN NAME Urania Norton
RESIDENCE 604 N. 10th St.	RESIDENCE 604 N. 10th St.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Yorkshire Eng.	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
OCCUPATION Electrician	BIRTHPLACE Idaho Falls-Ida
	OCCUPATION Housf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a m 07 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

Kamm Bldg Pocatello-Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 1, 1915 O B Green Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

154-227-003-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31283

County of Bannock

City of Pocatello

No. 503 N. 3rd Av.

Hospital —

Registration District No. 84 **File No.** 16

Primary Registration District No. 2161 **Registered No.** 792

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	Yes	5 (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. Anderson	FULL MAIDEN NAME	Victoria Lundberg
RESIDENCE	503 N. 3rd Av.	RESIDENCE	503 N. 3rd Av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Section Foreman R.R	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M.D.

Kane Bldg - Pocatello - Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 1, 1915 O. B. Sweeney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 26 1976

367-231-003-455

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31284

County of Bannock

City of Pocatello

No. 421 N. Main St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 793

FULL NAME OF CHILD NELLIE KATHLEEN Cox

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	✓		✓	yes	May 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Cox	FULL MAIDEN NAME	Ida C Devers
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Smithville Mo.	BIRTHPLACE	Gentry Co. Mo
OCCUPATION	Machinist Landyman	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician ~~or midwife~~)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed June 10, 1915 O B Steely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Denver }

Certificate No. 31284

FEB

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cox (Name on Original Certificate) who born (Was Born or Died) on May 31, 1915 (Date of Event)
in Pocatello, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Cox	Nellie Kathleen Cox

Subscribed and sworn to before me this 4th day of February 1942

Harold K. Mundge
Notary Public, residing at Denver, Colo.

My commission expires [illegible] Nov. 14, 1942
(Seal)

Signed Ida Katherine Cox.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February 1942

Harold K. Mundge
Notary Public, residing at Denver, Colo.

My commission expires [illegible] Nov. 14, 1942
(Seal)

Signed William Cox
(Signature of Any Credible Person Other Than Previous Year)

3928 Williams St
(Street Address, City, State)
Denver Colo

JAN 25 1961

231-225-003-755

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 505 So. 5th Ave. St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31285

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 772

FULL NAME OF CHILD Beth Blair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Blair	FULL MAIDEN NAME	Sarah Lois Gee
RESIDENCE	505 So. 5th Ave.	RESIDENCE	505 So. 5th Ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Lewiston, Utah	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Bookkeeping	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 40 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address 905 So. Main St

Filed June 1, 1915 O B Seely Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-130-003-523

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31286

County of Bannock

City of Pocatello

Registration District No. 84 File No. 16

No. R.R. Stock Yds St.

Primary Registration District No. 2161 Registered No. 773

Hospital

FULL NAME OF CHILD Edward Brazil Luker

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 30 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Brazell Luker	Anna Marie Eckland
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 28
BIRTHPLACE	Woods Cross, Utah	Sweden
OCCUPATION	Supt. O.S.L.R.R. Stock Yds.	At Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed May 15, 1915

.....
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Nov. 8, 1940. E.W.

JUL 23 1974

225-126-003-292

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31287

County of Bannock

City of Inkom

Registration District No. 84 File No. 16

No. ..... St.

Primary Registration District No. 2161 Registered No. 770

Hospital

FULL NAME OF CHILD Raymond Skeem

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian S. Skeem	FULL MAIDEN NAME	Irene Bishop
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Domestic	OCCUPATION	Domestic

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Inkom Ida

Filed May 15 1915 O B Sieg Registrar

Registrar

S-Y CO. 34655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

390-129-003-697

Amended 7-27-61

(Be sure the information is complete and accurate)

State File No. 31288
Local Reg. No. 771
Reg. Dist. No. 84

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Duval
b. (Middle): West
c. (Last): Lish

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 29, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Claude
b. (Middle):
c. (Last): Lish

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Louise
b. (Middle):
c. (Last): Orgill

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
8	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Martha Scadden

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Inkom, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 15, 1915

20. REGISTRAR'S SIGNATURE: O.B. Steely

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Social Security Card, May 17, 1937, #519-01-6266 gives full name as Duval West Lish-viewed by V.S. Selective Service Notice of Classification, Dec. 14, 1944 gives full name as Duval West Lish, Order No. 717, Class 2C - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

documents listed on back giving birthdate -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 31288

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Lish (Name on Original Certificate) who was born (Was Born or Died) on Mar. 30, 1915 (Date of Event) in Inkom, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Public School Diploma (Bible Record, Insurance Policy, Etc.) prepared on MAY 23, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Duval West Lish
Child's Date of Birth	Mar. 30, 1915	March 29, 1915
Mother's Maiden Name	Lula Orgill	Louise Orgill

Subscribed and sworn to before me this 27th day of MARCH 1961

[signature]

Notary Public, residing at Pocatello Idaho

My commission expires 8-1-61.

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 1960

[signature]

Notary Public, residing at Pocatello Ida

My commission expires 8-1-61

(Seal)

Signed x Arthur Barron
(Signature of Any Credible Person)

Inkom, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-24-61. one copy pd. receipt #13876.

L.D.S. Church Certificate of Membership, gives full name as Duval West Lish, born March 29, 1915 at McCammon, Idaho to Claude Lish and Louise Orgill - cert. signed by J. Golden Jensen - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Nov. 1, 1953 gives full name of child as Duval West Lish, born March 29, 1915 at McCammon, Idaho to Claude Lish and Louise Orgill - viewed by V.S.

295-213
029-742

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31289

County of Lato[redacted]

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 80

FULL NAME OF CHILD Caroline A. ~~Gustin~~ Kienholz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	Yes		1	Yes	June (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Erich Kienholz	FULL MAIDEN NAME	Mary E. Gustin
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams (Physician or midwife)

Address Moscow Idaho

Filed July 6 1915 D. F. Rae Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-V CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-113-029-742

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 31290

Primary Registration District No. 2141 Registered No. 81

FULL NAME OF CHILD Ernest L. Kienholz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	Yes		2	Yes	June 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ulrich Kienholz	FULL MAIDEN NAME	Marry E. Gustin
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

19

Registrar

Filed July 6 1915 D. F. Rae

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-107-029-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 31291

Primary Registration District No. 2141 Registered No. 83

FULL NAME OF CHILD ~~Jack L.~~ Wescott, Jerold Lorrian

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	Yes	June (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Wescott Jr.	FULL MAIDEN NAME	Gwendolin Tracy
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N Dacota	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed July 6 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1961

OCT 2 1 1994

819 - 226 - 029 - 043

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31292

County of Latah

City of Moscow

No. R. F. D. #3 St.

Hospital X

Registration District No. 61

Primary Registration District No. 2141

File No.

Registered No. 73

FULL NAME OF CHILD Vera Elizabeth Hazeltine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Feb. 26 1915

FATHER

FULL NAME Joseph H. Hazeltine

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE North Dak.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alma J. Guthes

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho.

OCCUPATION Farmer.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hazeltine

midwife (Physician or midwife)

Address Moscow Idaho R. F. D. #3.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 20 1915 L. F. Rae
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 13 1967

231-201-029-386

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31293

Registration District No. ~~2147~~ 61 File No. .....

Primary Registration District No. ~~67~~ 2141 Registered No. 74

FULL NAME OF CHILD Dora Eliza Blankenship

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	X Legitimate?	Date of Birth 7 (Month) - 1 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard J. Blankenship	FULL MAIDEN NAME	Minnie Bell Thornton
RESIDENCE	Deary Idaho	RESIDENCE	Deary Idaho
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Moscow Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Field, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary, Idaho

Filed June 30 1915 D. F. Rae

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 27 1964

569-201-029-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Viola

No. (Country) St.

Hospital

Registration District No. 61

File No. 31294

Primary Registration District No. 2141

Registered No. 76

FULL NAME OF CHILD Zelma Norris

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth July (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claude E Norris	FULL MAIDEN NAME	Edith Shields
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

M D (Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wash

Filed July 2 1915 S F Rae Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-122-029-253

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 61

File No. 31295

Primary Registration District No. 1011

Registered No. 781

FULL NAME OF CHILD John Ewing

Sex of Child: Male

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: June (Month) 22 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Jonas Ericson	FULL MAIDEN NAME: Hylda Ericson
RESIDENCE: Moscow	RESIDENCE: Moscow
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 57 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 11

Number of children, of this mother, now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ewing M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 25 1915 D. F. Rae

Registrar

B-Y CO., 16670

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

A.M.

749-123-029-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 810 Elm *St.*

Hospital

Registration District No. 61

Primary Registration District No. 1011

File No. 31296

Registered No. 77

FULL NAME OF CHILD George Howard Purmort

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G. E. Purmort	FULL MAIDEN NAME	Tessie Gregory
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Indiana
OCCUPATION	Instructor U. of I	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutierrez, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Moscow, Idaho

Filed June 25 1915

D. F. Rae *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-126-029-443

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Main St.

Hospital

Registration District No. 61

File No. 31297

Primary Registration District No. 1011

Registered No. 75

FULL NAME OF CHILD Robert W. Brandt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert E. Brandt	FULL MAIDEN NAME	Bertha A. Mulfinger
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spokane, Wash.	BIRTHPLACE	Galena, Ill
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:35 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Dodd, M.D.

Moscow, Idaho. (Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow

Filed June 30 1915 D. F. Rae Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1942

SEP 16 1976

412-112-029-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31298

County of Latah

City of Moscow

No. 720 So Main St.

Hospital Gritman

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 72

FULL NAME OF CHILD James Keane Mason

Sex of Child	Twin or Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Mason	FULL MAIDEN NAME	Margaret Keane
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Edetor Idaho Post	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:45 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed June 14 1915 D. T. Rae

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1942

MAR 11 1955

JUN 15 1953

225-116-2129-719

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. So. Main St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 1011

File No. 31299

Registered No. 71

FULL NAME OF CHILD DELL ROY SKEELS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Skeels	Virginia Darby
RESIDENCE	Leland, Idaho	Leland, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	32 (Years)
BIRTHPLACE	Uniontown, Mo	Leland, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:10 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. A. Bodd, M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed June 18 1915 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

OCT 19 1942 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 31209

Date Filed Oct 16-1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) June 16-1915
for Dell Ray Skeels (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 16, 1915 (DATE OF EVENT)
in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Skeels	Dell Roy Skeels

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed Ray O. Skeels

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

3 x 6 - 6th Ave, Lewiston, Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7. day of October, 1942.

Notary Public, residing at Lewiston, Idaho.

My commission expires January 1943.

(SEAL)

Signed L. R. Gayley

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1722-3rd St.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 2 1 1942

APR

235-114-029-5[redacted]

Form V. S. No. 11-C—[redacted]

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted]TAL STATISTICS
[redacted]E OF BIRTH

County of Idaho

City of Moscow

Registration District No. 61 File No. 31300

No. ..... St.

Primary Registration District No. 1011 Registered No. 82

Hospital .....

FULL NAME OF CHILD Willis Earl Stewart

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	Yes	June 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glenn E Stewart	FULL MAIDEN NAME	Ada M. Estes
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Idaho
OCCUPATION	Shoemaker	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed July 6 1915 D. F. Rae Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20th-8-1942

[redacted]

Aug 6 1942

281-123-029-613

[illegible] BIRTH

[illegible] State

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

[illegible]

BUREAU OF [illegible] STATISTICS

[illegible]

31301

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 79

FULL NAME OF CHILD RAYMOND DARELD SHAW ~~Deval Raymond~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy Shaw	FULL MAIDEN NAME	Grace Watson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed July 6 1915 D F Rice

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of Spokane }

OCT 2

Certificate No. 31301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for RAYMOND DARELD SHAW (Name on Original Certificate) who BORN (Was Born or Died) on JUNE 23 - 1915 (Date of Event)
in McCOW IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by recorded (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Deval R.	Raymond Dareld Shaw

Subscribed and sworn to before me this 19
day of August, 1942

Notary Public, residing at Opportunity, Wash.

My commission expires June 19-1943
(Seal)

Signed Mrs. Grace Shaw.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Opportunity, WASH.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of August, 19 42

Notary Public, residing at Opportunity

My commission expires June 21, 1943
(Seal)

Signed Roy S. Shaw Father
(Signature of Any Credible Person Other Than Previous Year)

Spokane, Washington. Route 8
(Street Address, City, State)

OCT 5 1942

-265-102
-026-993

PLACE OF BIRTH

[redacted] Jefferson [redacted]

Form V. S. No. 11—25m-1-1-13

[redacted] OF IDAHO
[redacted] TAL STATISTICS
[redacted] TE OF BIRTH

31302

City of Kamas.

Registration District No. 98

File No. ~~77~~

No. ~~—~~ St.

Primary Registration District No. 2176.

Registered No. ~~67~~ 71

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	July 23rd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Bonney	FULL MAIDEN NAME	Mary L. Richardson
RESIDENCE	Kamas.	RESIDENCE	Kamas.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7.40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

Address Mercan

..... 19.....

Filed July 10 1915 Ray H. Fisher

Registrar

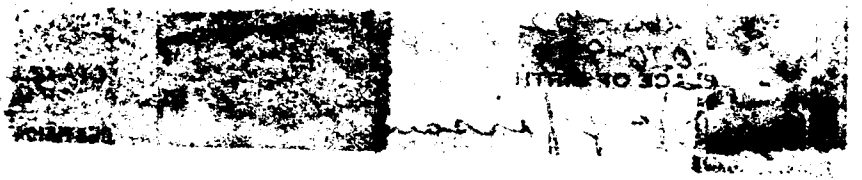
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP. OF 1915 D 73-554

613-220-026-845

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31303

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 72

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes.	June 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Watson	FULL MAIDEN NAME	Maggie Hunting.
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4,30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed July 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

769-229-026-667

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31304

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 73

FULL NAME OF CHILD Ellen Parks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	Yes	Apr. 29 1915

FATHER		MOTHER	
FULL NAME	H. N. Parks.	FULL MAIDEN NAME	Jane E. Fox.
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	46	COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	N. C.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.05a. M. on the date above stated.

(Born alive or stillborn)

(Signature) G. C. Paxton

(Physician or Midwife)

Address Rigby

Filed July 10 1915 Ray H. Tucker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

JUN 16 1970

435-229-026-649

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson.

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31305

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 75

FULL NAME OF CHILD Dorothy McElhenue.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	Yes.	Apr. 29 1915

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	H. T. McElhenue	FULL MAIDEN NAME	Marie Furnaudin
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Eng.
OCCUPATION	Plumber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P.M. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-202-026-469

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31306

Primary Registration District No. 2176 Registered No. 76.

FULL NAME OF CHILD Alice Lovenia Ball

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudger Ball	FULL MAIDEN NAME	Lucy L. Morgan.
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 am. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed July 10 1915 Fray H. Fisher
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name taken from Certificate of Blessing
submitted 11-9-43

6961 6 AUG 1943

466-229-026-141

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31307

Primary Registration District No. 2176 Registered No. 11

FULL NAME OF CHILD _____

Sex of Child: F

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: June 29th 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Moore	FULL MAIDEN NAME	Luella Adams.
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	AGE AT LAST BIRTHDAY	31 (Years)
COLOR	W.	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 10 1918 Ray H. Tucker Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-129-026-986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 31308

Primary Registration District No. 2176 Registered No. 78.

FULL NAME OF CHILD Earl Melborne Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 29. 1915

	FATHER	MOTHER
FULL NAME	J. F. Smith.	FULL MAIDEN NAME Loy Rhoades.
RESIDENCE	Rudy	RESIDENCE Rudy.
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 10th 1915 Ray H. Fisher
Registrar

S-Y CO. 24656

11 23 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31308

Date Filed .....

NOV 25 2 49 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1915 (Date of Event)

in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Earl Melborne Smith

Subscribed and sworn to before me this 23 day of November 1973

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible] 77

(Seal)

Signed Mrs [illegible] Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2908 Malad Burnight Ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

NOV 23 1973

Marriage License Earl M. Smith & Merilynn E. Hougen married February 2, 1968 at Gooding, Idaho. State of Idaho , Gooding County.
Viewed by VS

Atomic Energy Commission Washington D. C. Personnel Security Questionnaire dated November 23. 1959 , Idaho Falls, Idaho - Earl Melborne Smith born June 29, 191[illegible] in Idaho.
Viewed by VS

381-225-026-318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31309

County of Jefferson

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** .....

Primary Registration District No. 2176. **Registered No.** 79.

FULL NAME OF CHILD Reta Chase.

Sex of Child F	**Twin Triplet or other?** ~~ and **Number in order of birth** ~~ (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of Birth** June 25 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Gus Chase	**FULL MAIDEN NAME**	Emily F. Taylor.
RESIDENCE	Rudy	**RESIDENCE**	Rudy.
COLOR	W **AGE AT LAST BIRTHDAY** 40. (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 40. (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	England.
OCCUPATION	Farmer	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 7 **Number of children of this mother now living, including present birth** 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby - Ida.

Filed July 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 - 1966

819-214-026-613

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31310

Primary Registration District No. 7176. Registered No. 80.

FULL NAME OF CHILD Helen Harrop

Sex of Child F | Twin, Triplet or other? ( ) and ( ) Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth June 14 1915 (Month) (Day) (Year)

FATHER

FULL NAME Ernest Harrop.

RESIDENCE Annis

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Chlor Walker.

RESIDENCE Annis.

COLOR W. AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

8 P.

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19.....

Filed July 10 19 15 Ray H. Fisher.

..... Registrar

Registrar

8-Y CO. 24656

JUL 30 1973

569-121-026-595

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31311

Primary Registration District No. 2176 Registered No. 81

FULL NAME OF CHILD Carl J. Noorn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	June 21 1915

FATHER		MOTHER	
FULL NAME	M. O. Noorn.	FULL MAIDEN NAME	Christie Nielsen
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Denmark
OCCUPATION	~~Shoemaker~~ SHOE Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. E. Poston M.D.

(Physician or midwife)

Address Rigby

Filed July 20 19 15 Ray M. Fisher

Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1945

157-204-026-217

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31312

Primary Registration District No. 2176 Registered No. 82

FULL NAME OF CHILD Lois May Jex

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes.	June 4th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. A. Jex.	FULL MAIDEN NAME	May Boxter.
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W	COLOR	28
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

Rigby (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 10 1915 Ray H. Fisher Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1971

613-105-026-295

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ____ File No. 31313

Primary Registration District No. ____ Registered No. 83

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 5 1915

FATHER		MOTHER	
FULL NAME	G. Gibson Walker	FULL MAIDEN NAME	Jennie Kughorne
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Mellon

Menan

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed July 10 19 15 Ray H. Fuller Registrar

8-Y CO. 24656

498-109-026-764

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31314

Primary Registration District No. 2176 Registered No. 84

FULL NAME OF CHILD GLENN LEON MIHLFEITH

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes.	June 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Mihlfeight	FULL MAIDEN NAME	Ethel Leona Poulsen
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ~~[illegible]~~ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

Address ~~[illegible]~~ Menan

19

Filed July 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 31314

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Glen Leon Mihlfeith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 9, 1915 (DATE OF EVENT)
in Lewisville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 6-9-15 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Glenn Leon Mihlfeith
Mother's name	not given	
Please give mother's maiden name.		(Ethel Leona Poulsen)

Subscribed and sworn to before me this 6th
day of January, 1943

Notary Public, residing at Rexburg, Idaho
My commission expires Sept. 5, 1946
(SEAL)

Signed Ethel Leona Poulsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg RD #1 Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of January, 1943

Notary Public, residing at Rexburg, Idaho
My commission expires Sept. 5, 1946
(SEAL)

Signed Henry Dietrich
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 1 1943

659-220-026-855

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31315

Primary Registration District No. 2176 Registered No. 85

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Apr 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Weir.	FULL MAIDEN NAME	Jessie Henderson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——— (Born alive or stillborn) at 11 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

——— (Physician or midwife)

Given names added from a supplemental report.

——— 19

Address Menan

Filed July 10 1915 Ray H. Fisher Registrar

——— Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-128-026-217

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 31316

No. ____ St.

Primary Registration District No. 2176. Registered No. 86.

Hospital ____

FULL NAME OF CHILD W. Walter Selck

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Apr. 28 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. A. Selck Jr.	FULL MAIDEN NAME	Ester Barton.
RESIDENCE	Lewisville	RESIDENCE	Lewisville,
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Texas.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 a. M. on the date above stated.

(Signature) J. E. Milton

(Physician or midwife)

Address Menan

Filed July 10 1915 Ray H. Fisher. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

165-110-026-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. \ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 31317

Primary Registration District No. 2176

Registered No. 87

FULL NAME OF CHILD

Sex of Child: M

Twin, Triplet or other? \ and Number in order of birth \
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May 20 1915
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. Jones.	FULL MAIDEN NAME	Harriet E. Robinson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.15a M. on the date above stated.

(Signature) Jos. Melton

(Physician or midwife)

Address Menan

Filed July 10, 1915 Ray A. Linder
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24656

335-222-026-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 31318

Primary Registration District No. 2176 **Registered No.** 88.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	May 22 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Clegg	FULL MAIDEN NAME	Sylvia Campbell.
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or Stillborn) at 9P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 10 1915 Ray W. Barker

Registrar

S-Y CO. 24656

412-200-026-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson.

City of Rigby LaBelle.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31319

Registration District No. 98 File No. .....

Primary Registration District No. 216 Registered No. 89.

FULL NAME OF CHILD .....

Sex of Child: F	Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: March 5 (Month) (Day) 191.. (Year)

FATHER		MOTHER	
FULL NAME	Danl. J. Darker	FULL MAIDEN NAME	Kate Bates
RESIDENCE	LaBelle	RESIDENCE	LaBelle.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rigby

Filed July 10 19 15 J Ray H. Fisher Registrar

S-Y CO. 24655

652-125-026-958

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31320

Primary Registration District No. 2076 Registered No. 90.

FULL NAME OF CHILD Donald Wm. Webster

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	Yes.	Mch 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. Webster	FULL MAIDEN NAME	Rose Reynolds.
RESIDENCE	Grant	RESIDENCE	Grant.
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed July 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 7, 1941. E.W.

689-224-026-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31321

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 91

FULL NAME OF CHILD Ella Elizabeth Whitaker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Apr. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Whitaker	FULL MAIDEN NAME	Stella Thorngren
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.10 P. M on the date above stated.

(Born alive or stillborn)

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby - Idaho.

Filed July 10 1915 Ray H. Fisher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 5/8/43

J. J.

MAY 10 1943,

259-117-026-456

Form V. S. No. 11-C—25m-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31322

Registration District No. 98

File No. .....

Primary Registration District No. 216

Registered No. 92

FULL NAME OF CHILD ROBERT BRUCE BERTRAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes.	May 17 1915

	FATHER	MOTHER
FULL NAME	John Bertram	FULL MAIDEN NAME Margaret Mawhirter
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.10 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 10 19 15 Ray W. Fisher.

..... Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois, } ss.
County of Kendall }

Certificate No. 31322

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Unnamed Bertram (Name on original certificate) who was born (Was born or died) on May 17, 1915 (Date of event)

in Rigby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on May, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bertram	Robert Bruce Bertram

(I am the mother of said Robert Bruce Bertram)

Subscribed and sworn to before me this 14th day of November, 19 41.

Signed Margaret Bertram
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Yorkville, Illinois

My commission expires April 29, 1945
[SEAL]

Bristol, Illinois.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Kendall }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Novemner, 19 41

Signed John B. Bertram
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Yorkville, Illinois

My commission expires April 29, 1945
[SEAL]

Bristol, Illinois.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

219-221-026-653

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31323

Primary Registration District No. 2176 Registered No. 93

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	May 21 1915

FATHER		MOTHER	
FULL NAME	Allie Barnett	FULL MAIDEN NAME	Eliz. Weber
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 1:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fuchs.

(Physician or Midwife)

Address Rigby

Given names added from a supplemental report.

19____

Registrar

Filed July 10 1915 Ray H Fuchs.

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-121-026-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31324

Primary Registration District No. 2176 Registered No. 94

FULL NAME OF CHILD .....

Sex of Child: M	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: May 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Jenkins.	FULL MAIDEN NAME	Rosetta Bennett
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.40 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby.

Filed July 10 1915 Ray H Fisher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-230-026-389

[redacted] S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31325

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 95

FULL NAME OF CHILD BARTRESS HUNZIKER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
2	✓	✓	yes	May 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Hunziker HUNZIKER	FULL MAIDEN NAME	Elizabeth Chiles
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 19 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7-10 1914 Roy H. Fisher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1943

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31525
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton Rt. 1.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

FULL NAME OF CHILD Bartress Hunziker (Rhodehouse)

5. Date of Birth of Child (Month, day, year) May 30th 191

Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

FULL NAME Edwin C. Hunziker

Color or Race white

12. Age at time of THIS birth 28 yrs.

Birthplace Zurich (City or town) Switzerland (State or foreign country)

Exact Occupation Farmer

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Chiles

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Emery, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum

Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Hunziker (Last name), who is related to this child as Mother (Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Dr. Palmer (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Lizzie Hunziker Signature

Thornton Idaho Rt.1. P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943

(SEAL) Daniel Nicka Notary Public, residing at Rexburg,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-125-026-796

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—35m-1-1-13

CERTIFICATE OF BIRTH

31326

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 96

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	yes	May 25 1915

FATHER

FULL NAME Melvin Casper

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Nancy Ellen Grover

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 10 P. M on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby,

Filed 7-10 19 15 Ray A. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STAT

JUL 14 1975

864-228-026-615

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31327

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 97

FULL NAME OF CHILD Dorris Ann Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	May 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Young	FULL MAIDEN NAME	Pricilla J. Waverling
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rudy

Filed 7-10 1915 Ray H. Fisher P. Registrar

..... Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753-106-026-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31328

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 98

FULL NAME OF CHILD Lee W. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	1	yes	June 6 1915

FATHER

FULL NAME Wm. Jackson Peterson

RESIDENCE Burley

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cora M. Graham

RESIDENCE Burley

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-10 1915 Roy H. Fraker Registrar

8-Y CO. 24695

6-27-75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 27 4 17 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 31328
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for # Unnamed Peterson (Name on Original Certificate) who was (Was Born or Died) onborn (Date of Event)
in Rigby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lee William Peterson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1975

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-2-78
(Seal)

Signed Lisie M. Peterson
(Signature of Any Credible Person)

P. O. Box 293 Cashmere, Wash 98815
(Street Address, City, State)

FORM DH 60-155

Blue Cross Card # 353401 isued by Blue Cross of Washington and Alaska. Group # 9006 Membership # 353401 gives name correctly. Card issued 1956
Viewed by V.S.

JUN 27 1975

Phillips Petroleum Company Credit card gives name as Lee W. Peterson. Card issued in 1966 # 644000815 6.
Viewed by V.S.

699-109-026-316

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

File No. 31329

Primary Registration District No. 2176

Registered No. 99

FULL NAME OF CHILD Robert IVAN DEE Wright

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	✓		yes	Apr 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Wright	FULL MAIDEN NAME	Ruth Lawson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7/10 1915 Roy S. Fisher

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1n-61-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 31329
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Robert Leroy Wright (Name on original certificate) who was born (Was born or died) on April 9, 1915 (Date of event)
in Menan, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on by ward Clerk (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Robert Leroy Wright	Ivan Dee Wright

Subscribed and sworn to before me this 17th
day of November, 19 41

Notary Public, residing at Menan Idaho
My commission expires Dec. 12 1943
[SEAL]

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father.

[signature] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed (Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By (Registrar's signature)

386-228-026-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31330

County of Jefferson

City of Garfield

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 100

Hospital

FULL NAME OF CHILD Della Thomas

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	✓	✓	yes	Apr. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin F. Thomas	FULL MAIDEN NAME	Verzella Ruse
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey
(Physician or midwife)

Given names added from a supplemental report.

19

Address Garfield

Filed 7-15 1915 Roy H. Fisher
Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1972

MAR 23 1954

695-104-026-141

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31331

Primary Registration District No. 2176 Registered No. 101

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	—	—	yes	May 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton J. Freeman	FULL MAIDEN NAME	Lydia S. Adams
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7-10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1971

85.8-102-026-318

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31332

Primary Registration District No. 2176 Registered No. 102

FULL NAME OF CHILD Harold Arthur Heyrend

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos Heyrend	FULL MAIDEN NAME	Anna Taylor
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:20 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7-10 1915 Ray H Fisher Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-120-026-313

Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

County of Jefferson

City of Ryley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231333

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 103

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Boy	—	—	yes	Apr. 20 1915

FATHER		MOTHER	
FULL NAME	Ralph Hoggan.	FULL MAIDEN NAME	Sarah Call
RESIDENCE	Ryley	RESIDENCE	Ryley.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah		29
OCCUPATION	Farmer	COLOR	W
		BIRTHPLACE	Utah.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 20 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Ryley

Given names added from a supplemental report.

..... 19.....

Filed 7-10 1915 Ray S. Fisher

..... Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DIV OF VITAL STATISTICS

APR 24 1967

942-215-026-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31334

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 104

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	May (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. W. Russell	FULL MAIDEN NAME	Sylvia Petersen
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby.

Filed 7-10 1915 Ray H. Fisher
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-219-026-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 31335

Primary Registration District No. 2176 Registered No. 105

FULL NAME OF CHILD Nelda Patten

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	May 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. A. Patten	FULL MAIDEN NAME	Mary Richens
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7-10 1915 Ray H Fisher P. Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-119-026-683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of La Bell

No. ..... St.

Hospital .....

Registration District No. 98 File No. 31336

Primary Registration District No. 2176 Registered No. 106

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	V	1	yes	Apr. 19 1915

FATHER

FULL NAME Geo. L. Edwards

RESIDENCE La Bell

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Ut.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Emma D. Williams

RESIDENCE La Bell

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ut.

OCCUPATION Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report.

..... 19.....

Filed apr 19 15. Ray H. Drake
Registrar

..... Registrar

8-Y CO. 24655

236-118-026-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31337

Primary Registration District No. 2176 Registered No. 107

FULL NAME OF CHILD Robert Allan Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	Yes	Apr. 18 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Scott	Emma Priest
RESIDENCE	Annis	Annis
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	[illegible]

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:35 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby, I.

Given names added from a supplemental report.

..... 19.....

Filed July 18 1925 Ray H. Fisher P. Registrar

..... Registrar

8-Y CO. 24688

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Jefferson

Certificate No. 31337

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Robert Allan Scott (Name on Original Certificate) who born (Was Born or Died) on April 18, 1914 (Date of Event) in Menan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by blessing certificate (Bible Record, Insurance Policy, Etc.) prepared on July 2nd 1916 (Give Date), are: Viewed by Vital Statistics at Boise, Idaho

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not named	Robert Allan Scott

Subscribed and sworn to before me this 24th day of March, 1955

Notary Public, residing at Rigby
My commission expires August 31, 1958
(Seal)

Signed x
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March 1955

CLERK OF THE DISTRICT COURT
NINTH JUDICIAL DISTRICT
By: Otis Simmons, Dep.

Notary Public, residing at Rigby
My commission expires
(Seal)

Signed
(Signature of An Credible Person)

Street Address City, State

347-127-026-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31338

Primary Registration District No. 2176 Registered No. 108

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Ap. 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Crystal	FULL MAIDEN NAME	Ivy Jensen
RESIDENCE	Garfield	RESIDENCE	Garfield.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher,

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby.

Filed July 10 1915 Ray H Fisher Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-129-026-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 31340

Primary Registration District No. 2176 Registered No. 110

FULL NAME OF CHILD Gerald Chris Stuker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	May 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. H. Stuker	FULL MAIDEN NAME	Annie Christophersen
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Holmes

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7/10 1915 Roy H. Fisher Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 31340

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gerald Chris Stuker (Name on Original Certificate) who born (Was Born or Died) on May 29, 1915 (Date of Event)
in Jefferson County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Gerald Chris Stuker

Subscribed and sworn to before me this 13th
day of May, 1944

Evelyn M. Thomas
Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 3/9/45
(Seal)

Signed Chris Stuker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1944

235-207
235-214

[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31341

County [redacted]

City of Lewiston

No. 9th Ave

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 71

Hospital

FULL NAME OF CHILD Elizabeth Marie Stern

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem'l	—		—	Yes	6 — 7 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Harmon Stern	Pricilla M Sampson
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Nebraska	Kansas
OCCUPATION	Plasterer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 - 1915 S. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1943

818-110-035-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31342

County of Nez Perce

City of Lewiston

No. 627 C St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 72

FULL NAME OF CHILD Hayes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)		11	Yes	6 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herman Hayes	FULL MAIDEN NAME	Alice Story
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	Mulatto	COLOR	Black
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sanging

physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston

Filed July 10 1915 L. J. Perkin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-110-035-254

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 31343

No. ..... St.

Primary Registration District No. 1009 Registered No. 773

Hospital .....

FULL NAME OF CHILD [illegible] Hatfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 10 1918

FATHER		MOTHER	
FULL NAME	Roy A. Hatfield	FULL MAIDEN NAME	Ruth D. Pemberton
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Pearson

(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 10 1918 L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

266 - 212-035-135

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. 31344

Primary Registration District No. 1009 Registered No. 74

FULL NAME OF CHILD Caroline Bowerman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	June 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Bowerman	FULL MAIDEN NAME	Miriam Alexander
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Travelling salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David H. Ranson M.D.

(Physician or midwife)

Address Clarkston Wn

Filed July 10 1915 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-265-035-235

PLACE OF BIRTH

[redacted]

V. S. No. 11-C—25m-1-1-18

31345

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 75

Hospital St Josephs

FULL NAME OF CHILD Flora Elizabeth Burnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar V. Burnett	FULL MAIDEN NAME	Ruth Stevenson
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Clerk at Penny's Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:15 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carrow

Lewiston Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed July 10 1915 L J Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-291069

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 27 [illegible]

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Indiana
County of LaPorte } ss.

Mrs. Ruth Burnett being first duly sworn says that she is the mother (Relationship of child)* of Flora Elizabeth Burnett born June 15, 1915 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Flora Elizabeth Burnett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. Carsow ~~Midwife~~ M. D. was the medical attendant at the birth of said Flora Elizabeth Burnett and that the said medical attendant is still residing in Lewiston as far as she knows (Now deceased (or) cannot be located)

Name of Affiant Ruth Burnett

P. O. Address 714 E. 10th St., Mich.City, Ind.

Subscribed and sworn to before me this 9th day of March, 19 40

Gladys Mills
Notary Public.

My commission expires Aug 30 1941 Residing at Michigan City, Ind., Idaho

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 26 1968

613-216-035-493

[redacted]

orm V. S. No. 11-C—20m-2-15-12

CS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph

Registration District No. 96

Primary Registration District No. 1009

File No. 31346

Registered No. 76

FULL NAME OF CHILD Harriet Julia Waterman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	June 16 1915

FATHER		MOTHER	
FULL NAME	Frank W. Waterman	FULL MAIDEN NAME	Frances D. Dickson
RESIDENCE	Kamiah, Idaho	RESIDENCE	Kamiah, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Maine.	BIRTHPLACE	Minn.
OCCUPATION	Manager Rawson Works Lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Physician (Physician or midwife)

Address Clarkston Washington

Given names added from a supplemental report

..... 19.....

Registrar

Filed July 10 1915 L. J. Perkins

Registrar

S-Y CO. 20174

SEP 26 1955

681-116-035-267

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31347

County of Nez Perce

City of Orchard Tracts

Registration District No. 95 File No.

No. Lewiston St.

Primary Registration District No. 1009 Registered No. 17

Hospital

FULL NAME OF CHILD Robert Soper Robert Soper Wyatt Wyatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frances O. Wyatt	FULL MAIDEN NAME	Byrde Soper
RESIDENCE	Orchards, Nez Perce Co	RESIDENCE	Orchards, Nez Perce Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Congregational Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed July 10 1915 L. J. Perkin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 7 1974

918-119-035-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Lewiston

No. 922 1st Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

, 31348

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 78

FULL NAME OF CHILD JOHN THOMAS RAY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	2	Yes	June 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T Ray	Ruth H Graham
RESIDENCE	Lewiston Idaho	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	21
BIRTHPLACE	Portland Or	Wash
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. B. Morris

(Physician or midwife)

Address Lewiston Idaho

Filed July 10 1916 R. J. Perkins Registrar

S-Y CO. 24655

693-229-035-455

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 917 Main St.

Hospital St Joseph

Registration District No. 96 File No. 31349

Primary Registration District No. 1009 Registered No. 79

FULL NAME OF CHILD Mary Idah Willey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lew. Willey	FULL MAIDEN NAME	Alice Dennison
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Highland. Wash
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed July 10 1915 L. J. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2[redacted]18

P[redacted]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31350

County of Madison

City of Archer

113-206-033-593

No. _____ St.

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 132

Hospital _____

FULL NAME OF CHILD Elva Wyora Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			6-6 1915

FATHER		MOTHER	
FULL NAME	John W Jackson	FULL MAIDEN NAME	Eliza A Nichols
RESIDENCE	Utah Rexburg	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:40 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Espe

J. G. M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 6-10 1915 G G Espe
Registrar

S-Y CO. 24655

[redacted]

JUN 2 1 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
} ss.
County of .....

Certificate No. 31350

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jackson (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1915 (Date of Event)

in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elva Wyora Jackson

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
} ss.
County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 1967

Signed [signature] (Signature of Any Credible Person)

Notary Public, residing at Logan, Utah

My commission expires 3/7/68

(Seal)

660 So 2nd E Richmond, Utah

(Street Address, City, State)

CL 8-3-67.

FORM DH 60-155

kθ Own Child's Birth Cert. on file: (Idaho Birth) #50-00524 gives full ma[illegible] name of mother as Elva Wyora Jackson - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, July 14, 1923 gives full name as Elva Wyora Jackson, daughter of J. W. Jackson and Eliza A. Nichols, born June 6, 1915 at Archer, Idaho - ~~dv~~ viewed by V.S.

SEP 20 1967

819-21[illegible]-033-514

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Madison

City of Teton

No. ....., ... St.

Hospital Home

Registration District No. 100 File No. 31351

Primary Registration District No. 2178 Registered No. 133

FULL NAME OF CHILD Fern Garn

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Female	6 (To be answered only in event of plural births)	yes	June 12, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Royal Raphiel Garn	FULL MAIDEN NAME	Elsie Irene Eames
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Sheep Man	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sugar R. F. D. #6 Box 46

Filed 7/4 1915 G. G. Gosfe Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

FEB 1 1949

299-222
022-665

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ....., ... St.

Hospital Home

Registration District No. 100 File No. 31352

Primary Registration District No. 2178 Registered No. 134

FULL NAME OF CHILD Roxie Ruth Bird

Sex of Child Female	Twin, Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? yes	Date of birth June (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred James Bird	FULL MAIDEN NAME	Elizabeth Maud Owen
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Lester Black hawk Co Iowa
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen
Mid Wife
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sugar R. F. D. Box 40

Filed 7/7 1915 G G Cope
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C - 10m-8-7-11

STATE OF IDAHO

393-201
033-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 31353

Primary Registration District No. 2178 Registered No. 135

FULL NAME OF CHILD Maurine Liljenquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			7-1-1915

FATHER		MOTHER	
FULL NAME	Otto Liljenquist	FULL MAIDEN NAME	Ivy Allen
RESIDENCE	Rexburg	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7-7 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 31353

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Liljenquist (Name on Original Certificate) who was born (Was Born or Died) on 7-1-15 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on baptized aug. 4, 1923 blessed aug. 1, 1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Insurance lolicy Juby, 1940 viewed by v.s.	viewed by v.s.
Child's Name	Unnamed	Maurine Liljenquist

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19 57

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

(Street Address, City, State)

FORM DPH 55. 155

NN 4-2-57 1 copy paid

JAN 2 1959

713-208-033-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 31354

Primary Registration District No. 2178 Registered No. 136

FULL NAME OF CHILD nettie Galbraith

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
female	4 (To be answered only in event of plural births)	yes	July (Month), 8 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Francis Galbraith	FULL MAIDEN NAME	nettie Sutton
RESIDENCE	Lyman	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Geneva nebraska.
OCCUPATION	Farmer.	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive a 11 a. m. at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) margaret a Briggs

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7/8 1915 G. G. Espe

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

685-207-033-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 31355

Primary Registration District No. 2178 Registered No. 137

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 7 1915

FATHER		MOTHER	
FULL NAME	George T. Wyman	FULL MAIDEN NAME	Nancy Bacon
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Calvine (Born alive or stillborn) at 2 15 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

M. A. Watts (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-4 1915 G. E. Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S99-126-033-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31356

County of Madison

City of Salem

No. _____ St.

Hospital Res

Registration District No. 100 File No. _____

Primary Registration District No. 278 Registered No. 138

FULL NAME OF CHILD _____

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: May (Month) 26 (Day) 1914 (Year)

FATHER	MOTHER
FULL NAME: Peter Mortensen	FULL MAIDEN NAME: Annie Mary Harris
RESIDENCE: Salem Ida	RESIDENCE: Salem Ida
COLOR: White	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Denmark	COLOR: White
OCCUPATION: Farmer	BIRTHPLACE: Utah
	OCCUPATION,

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11, P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary A Watts (Physician or midwife)

Address Rexburg Idaho

Filed 7-7 1914 G G Espe Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-206-033-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ____ St.

Hospital Res

Registration District No. 100 File No. 31357

Primary Registration District No. 2178 Registered No. 139

FULL NAME OF CHILD Mildred Mary Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 6 1915

FATHER		MOTHER	
FULL NAME	Niels Jensen	FULL MAIDEN NAME	Minnie Hansen
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Entered (Born alive or stillborn) at 8 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts

Rexburg Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7/7 1915 G L Espe Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ly 30/41

966-106-033-653

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31358

County of Madison

City of Rexburg

No. _____ St.

Hospital Res

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 140

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Rowberry	FULL MAIDEN NAME	Effie May Wells
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 7/7 1915

G. G. Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-120-033-319

PLACE OF BIRTH

County of Madison

City of Independence

No. _____ St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31359

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 128

FULL NAME OF CHILD Gordon Myron Martin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 20 1915

FATHER

FULL NAME George Martin

RESIDENCE Independence

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Indiana

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Tillie Carlson

RESIDENCE Independence

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Sweden

OCCUPATION

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) _____

Dr. A. Watts (Physician or midwife)

Address Rexburg Idaho

Filed 7/7 19 15 _____ Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-124-033-795

PLACE OF BIRTH name added 11/3/80

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31360

County of Madison

City of Lyman

Registration District No. 100

File No.

No. , St.

Primary Registration District No. 2178

Registered No. 131

Hospital

FULL NAME OF CHILD Jacob Emmett Whittaker

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		Yes	May (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henery Whittaker	FULL MAIDEN NAME	Bessie P. Ginn
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	South Carolina
OCCUPATION	Farmer	OCCUPATION	House wife

*Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Six thirty evening on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret a Briggs

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Archer Ida

Filed 7-7 1915 G G Espe

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

name added 11/3/80

PLACE OF BIRTH

STATE OF

CERTIFICATE

8-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 1 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 31360
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Whittaker (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1915 (Date of Event)

in Lyman (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Jacob Emmett Whittaker

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Jacob Emmett Whittaker
Signature of Applicant

Rt 3 Box 138 Rirk[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of September, 19 80.

Notary Public, Joseph F. Lillywhite

Residing at Rirk[illegible] Idaho

My commission expires Aug

(Seal)

Joseph F. Lillywhite
Supporting Signature

Rirk[illegible] Idaho
Street Address, City, State

Family birth record gives namea Jacob Emmett Whitaker born May 24, 1915, Blessed July 4, 1915, Baptized July 14, 1923. viewed by V. S.

Certif of Blessing from the LDS Church gives namea s Jacob Emmett Whittaker son of Henry Whittaker and Bessie. born May 24, 1915 at Lyman, Idaho. Blessed July 4, 1915. viewed by V. S.

413-102-033-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison.

City of Independence

Registration District No. 100 File No. 31361

No. ..... St.

Hospital Res

Primary Registration District No. 2178 Registered No. 129

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 2 1915

FATHER

FULL NAME Harry Machen

RESIDENCE Independence

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Evalyn Mc Millan

RESIDENCE Independence

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M A Watts
(Physician or midwife)

Address Rexburg Idaho

Filed 7/7 1915 [illegible]
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-228-033-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 31362

Primary Registration District No. 2178

Registered No. 136

FULL NAME OF CHILD Dona Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	5 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hans Sorensen	FULL MAIDEN NAME	Maggy Elizibth Taylor
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Laberor	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-1 1915

G G Espe
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 24 1957

656-106-009-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31364

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78

File No. .....

Primary Registration District No. 2156

Registered No. 803

FULL NAME OF CHILD Arthur Feoco

Sex of Child: M	Twin Triplet or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Feoco	FULL MAIDEN NAME	Louise Lenore
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	R.R. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.30 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed July 8 1915 M. McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 7 '92

897-206-009-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF ~~BIRTH~~

STATE OF ~~IDAHO~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 31365

Primary Registration District No. 2155 Registered No. 804

FULL NAME OF CHILD Mary Virginia Hipke

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
f	1	3	Lea	June 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H. Hipke	FULL MAIDEN NAME	Margaret Moon
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Misc	BIRTHPLACE	Misc
OCCUPATION	Real Estate Broker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 30 p.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 8 1913 M McKinnon Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
JUL 2 - 1970
Bureau of Vital Statistics

State of Idaho
County of Bonner } ss.

Certificate No. 31365

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnaemd Hipke (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1915 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on June 6 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mary Virginia Hipke

Subscribed and sworn to before me this 30 th day of June 1970

Clyde E Littlefield
Notary Public, residing at Sandpoint Idaho
My commission expires Aug 10, 1970
(Seal)

Signed L L Moon Sr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Sandpoint Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June 1970

Clyde E Littlefield
Notary Public, residing at Sandpoint Idaho
My commission expires Aug 10 1971
(Seal)

Signed Hazel B. Moon
(Signature of Any Credible Person)

Star Route Sandpoint Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/22/70

Family Bible Record gives name as Mary Virginia Hipke born June 6, 1915 in Sandpoint, Idaho. Father George H. Hipke Mother Margaret Moon. Record obviously old Viewed by V.S.

JUL 2 1970

Early family Record gives name as Mary Virginia Hipke born June 6, 1915. Father George H. Hipke and Mother Margaret Moon. Obviously old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-119-009-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31366

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 805

Hospital

FULL NAME OF CHILD CLAIR CECIL Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6 - 19 - 1915

FATHER		MOTHER	
FULL NAME	Robert Black	FULL MAIDEN NAME	Samantha Shawver
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Hunter

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:29 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint

Filed July 8 1915 M McKinnon Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bonner

Certificate No. 31366

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on June 19, 1915 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Black	Clair Cecil Black

Subscribed and sworn to before me this 17th day of February, 1944.

Notary Public, residing at

My commission expires
(Seal)

Signed Mary Samantha Black.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th. day of February, 19 44.

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs Lena Shawver
(Signature of Any Credible Person Other Than Previous Year)

725 Pine Street Sandpoint Idaho
(Street Address, City, State)

JUN 22 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31368

County of Bonner

City of Sandpoint

Registration District No. 78

File No.

No. ..... St.

Primary Registration District No. 2155

Registered No. 807

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Kuehne	FULL MAIDEN NAME	Elizabeth Elmer
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Swiss	BIRTHPLACE	Swiss
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Ida

Filed July 8 1915 M McKinnon
Registrar

S-Y CO. 24655

Dep. #1915-339648

255-222-009-156

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31369

County of Bannock

City of Cocalla

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2138 Registered No. 808

FULL NAME OF CHILD VELMA FERNE Benton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	6 - 22 - 15

FATHER		MOTHER	
FULL NAME	David W. Benton	FULL MAIDEN NAME	Velma Jeffries
RESIDENCE	Cocalla	RESIDENCE	Cocalla
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Mo
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Patterson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 8 19 15 M. McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 31369

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Velma Ferne Benton (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1915 (Date of Event)
in Cocolalla Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by this affidavit & the mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Velma Fern Benton
Velma Ferne Benton	at time of registration	

Subscribed and sworn to before me this 1st day of July, 1943

W. L. Lafollette
Notary Public, residing at Colfax Wash

My commission expires Sept. 15, 1944.
(Seal)

Signed Velma Benton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am father & child

Subscribed and sworn to before me this 1st day of July, 1943

W. L. Lafollette
Notary Public, residing at Colfax, Wash

My commission expires Sept. 15, 1944
(Seal)

Signed David W Benton
(Signature of Any Credible Person Other Than Previous Year)

Colfax, Wash
(Street Address, City, State)

JUL 12 1943

MAY 15 19

395-124-009-852

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31370

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 809

Hospital

FULL NAME OF CHILD Wayne Patterson Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6-24-19

FATHER		MOTHER	
FULL NAME	Bertram Lewis	FULL MAIDEN NAME	Grace Hebert Heberle
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill.	BIRTHPLACE	Wis.
OCCUPATION	Grocery clerk	OCCUPATION	Hunter

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E M Patterson

(Physician or midwife)

Address Sandpoint

Filed July 8 1918 M McKinnon Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-21-41

713-124-009-449

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

Registration District No. 78 File No. 31371

Primary Registration District No. 2185 Registered No. 810

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	9	Yes	June 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Unzi M. Patrick	Maggie Murphy
RESIDENCE	Sandpoint	Sandpoint
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	51	42
BIRTHPLACE	No. Carolina	Virginia
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 9 M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A J Isaacson

(Physician ~~or midwife~~)

Address Sand point

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed July 8 19 15 M McKinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-216-009-559

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78

File No. 31373

Primary Registration District No. 2155

Registered No. 812

FULL NAME OF CHILD Leah Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	May 16, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don Miller	FULL MAIDEN NAME	Amy Verback
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Hwifs

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Ida

Filed July 8 1915 M. McKinnon Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-30-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31373

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on omitted (Date of Event)

in Kootenai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

RECEIVED
OCT 19 1971
Bureau of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Leah May Miller
Date of birth	omitted	May 16, 1915

Subscribed and sworn to before me this 18th day of October, 19 71

Myles Cook

Notary Public, residing at Sandpoint Idaho

My commission expires Jan. 1, 1977

(Seal)

Signed Amy Belle McReds mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 53 - Kootenai, Idaho 83840

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 19 71

Myles Cook

Notary Public, residing at Sandpoint, Idaho

My commission expires Jan. 1, 1977

(Seal)

Signed Mrs Mildred Franklin

(Signature of Any Credible Person)

Box 143 Hope Ida.

(Street Address, City, State)

FORM DH 60-155

Affidavit of Publication regarding original announcement in the Paper. Published in The Sandpoint News-Bulletin on May 18, 1915. A Daughter born to Mr. & Mrs. Don Miller Sunday, May 16, 1915.
Viewed by V.S.

OCT 20 1971

Letter from Booner County School Dist. No. 82, Sandpoint, Idaho gives name as Leah Miller. Age 11, first Tues. in Sept. 1926. Date of birth listed as May 16, 1915 on record for First Tuesday in Sept. 1931. Viewed by V. S.

569 - 223-009-569

PLACE OF BIRTH

County of Bonner St. of Idaho

City of Laclede Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 31374

Primary Registration District No. 213-3 Registered No. 7[illegible]

FULL NAME OF CHILD Pearl Audery Norton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	April 23 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Norton	Ida Penrod Norton
RESIDENCE	Laclede Idaho	Laclede Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Cedar Springs Mich	Adrian Michigan
OCCUPATION	Laborer	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. m. on the date above stated.

(Signature) R. A. Allen M.D.

(Physician or midwife)

Address Laclede Ida

Filed July 8 1915 N. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF [illegible]
CERTIFICATE OF [illegible]

319-207-028-714

Amended 4/17/78

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31375

County of Kootenai

City of Rockford Bay

No. ..... St.

Hospital .....

Registration District No. 26

File No. .....

Primary Registration District No. 2204

Registered No. 43

FULL NAME OF CHILD Edna D. Carr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	3	Yes	June 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Carr	FULL MAIDEN NAME	Mrs Gaulding
RESIDENCE	Rockford Bay Idaho	RESIDENCE	Rockford Bay Idaho
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mn	BIRTHPLACE	Mo
OCCUPATION	Salaries	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 7 1915 at 3 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Emmey M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Idaho

Filed July 7 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 14 12 35 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 31375

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Carr (female) (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1915 (Date of Event)

in Rockford Bay, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edna D. Carr

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Edna D. [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

126 Murphy Ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 12/9/77 1cc pd. rec. #13061

Social Security Acrd (537-24-1723) gives name as Edna D. Guscinski. viewed by V. S.

APR 18 1978

XX Affidavit of Applicant for Marriage License gives names as Laurence L. Bickle and Edna D. Carr. dated Feb 9, 1931. viwed by V. S.

655-107-028-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 31376

No. ..... St.

Hospital Residence

Primary Registration District No. 2204 Registered No. 41

FULL NAME OF CHILD John Patrick O'Neil

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	Third	Yes	June 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claud J O'Neil	FULL MAIDEN NAME	Catherine Carmichael
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Sawfiler & Dresser	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 25 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed July 6 1915 R. S. Jensen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

John Patrick O'Neill

738-229-028-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of 1 1/2 N.E. Dudley Ida

No. _____ St.

Hospital Residence

Registration District No. 126 File No. 31377

Primary Registration District No. 2204 Registered No. 40

FULL NAME OF CHILD Mildred Jeanette Glynn

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single (To be answered only in event of plural births)	3d	yes	June 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jackson L. Glynn	FULL MAIDEN NAME	Lydia Harlott
RESIDENCE	1 1/2 Mi N.E. Dudley Ida	RESIDENCE	1 1/2 Mi N.E. Dudley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth third Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rose Lake Ida

Filed July 6 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 30 9 26 AM '72
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

Certificate No. 31377

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Glynn (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1915 (Date of Event)
in Dudley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mildred Jeanette Glynn

Subscribed and sworn to before me this 26 day of May, 19 72

Delores Barclay

Notary Public, residing at Crescent City, Ca.

My commission expires Jan 20, 1975

(Seal)

Signed Mildred Jeanette Glynn Rowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

MPO Box 647 Crescent City, Calif. 95531
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of JACKSON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18TH day of MAY, 1972

Caroline E. Rayburn

Notary Public, residing at MEDFORD, ORE

My commission expires Nov 16, 1975

(Seal)

Signed Evelyn L. Risley
(Signature of Any Credible Person)

948 Diamond St
(Street Address, City, State)

Medford, Oreg.

FORM DH 60-155 CL 4/11/72 nm

JUN 16 1972

Certif. of Baptism and Confirmation from LDS Church dated April 9, 1934 gives name as Mildred Jeanett Rouse daughter of Jackson Lockwood Glynn and Lydia Etta Marlett. Born June 29, 1915 at Dudley, Idaho. Was Bpatized March 27, 1954 and Confmd. 3/28/54 Viewed by V. S.

Family Bible Record lists' child's name as Mildred Jeanette Glynn born June 29,1915. Appears to be old. Viewed by V. S.

213-216-040-753

Form V. S. No. 11-C—25m-1-1-18

[redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31378

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123 File No. 50

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Annie Backovich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	3	yes	Apr (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Steve Backovich	FULL MAIDEN NAME	Katherine Petrick
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 6/22 1915 Geo S Lesher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

799-117-042-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted] ID[redacted]D
[redacted]TISTICS
[redacted]RTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 31379

Registered No. .....

FULL NAME OF CHILD Harry M. Prince

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis M. Prince	FULL MAIDEN NAME	Harriet Jane Griffiths
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 7-20 1915 J. H. Murphy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/20/41. wh

719-224-040-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE O[redacted]
BUREAU OF [redacted]CS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

31380

Registration District No. 123 File No. 53

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Dorthy Allen Parkey.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	4	yes	Apr 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Parkey	FULL MAIDEN NAME	Lillian Maughan
RESIDENCE	Butte Mont.	RESIDENCE	Butte Mont.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 1915 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24655

MAR 17 1942

[redacted]

MAY 23 1962

819-110-037-694

PLACE OF ~~BIRTH~~

BUREAU OF [illegible]

31381

County of Owyhee

City of DeLamar (Cow Creek) Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No. 24

Hospital

FULL NAME OF CHILD Malvin Charles Harper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 10th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip Charles Harper	Julia Mary Trudgian
RESIDENCE	Cow Creek, Owyhee Co.	Cow Creek, Owyhee Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	29
BIRTHPLACE	England	England
OCCUPATION	Rancher & Stockman	House-wife & Cook.

Number of child of this mother, including present birth Two (2) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Schuyler, M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

.....19.....

Filed June 18 1915 H. H. Schuyler M.D. Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

BUREAU

File No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss.
County of Columbia }

Certificate No. 31381
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Melvin Charles Harper (Name on original certificate) who Born (Was born or died) on June 17th 1915 (Date of event) in Cuyhea Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 1st 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Birth Date	June 17th 1915	[illegible]

Subscribed and sworn to before me this 5th day of January, 1942

Marie Walker Poff
Notary Public, residing at St. Helens, Oregon

My commission expires Nov. 17, 1944

[SEAL]

Signed Philip C Harper
(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Houlton, Oregon
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Columbia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1942

Marie Walker Poff
Notary Public, residing at St. Helens, Oregon

My commission expires

[SEAL]

Signed Elizabeth Quilleash
(Signature of any credible person other than the previous affiant)

Houlton, Oregon.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

432-202-029-314

PLACE OF BIRTH

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

BU[redacted]

CERTIFICATE OF BIRTH

[redacted]32

Registration District No. 65

Primary Registration District No. 2145

F[redacted]

Registered No. .....

FULL NAME OF CHILD Helen Beatrice McKarcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	May 2nd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chalmers Lusk McKarcher	FULL MAIDEN NAME	Nellie J. Campbell
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Michigan
OCCUPATION	Plummer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pottatch

Filed July 5th 1915 Dr J. W. Thompson Registrar

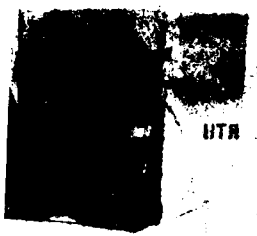
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



866-108-029-168

Form V. S. No. 11-C Rev-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31383

County of Latah.

City of Potlatch

Registration District No. 65.

File No.

No. St.

Primary Registration District No. 2145.

Registered No.

Hospital

FULL NAME OF CHILD James Levi JUDSON Howard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓		✓	ye.	June 8 1915

FATHER		MOTHER	
FULL NAME	William T. Howard.	FULL MAIDEN NAME	Emma Johnston
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	
AGE AT LAST BIRTHDAY (Years)	37.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Michigan.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

Address Potlatch

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 23 1915

Dr. J. W. Thompson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 31383

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for James Levi Howard (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 8 1915 (DATE OF EVENT)
in Potlatch Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James Levi	Judson Levie Howard

Subscribed and sworn to before me this 16 day of November, 1942

Notary Public, residing at Moscow

My commission expires
(SEAL)

Signed Mrs Emma Howard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Potlatch Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 27 1942

JAN 12 1977

168-103-001-417

PLACE OF BIRTH

County of Ada

City of Star

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form U. S. No. M-C—25m-1

31384

Registration District No. 9 File No. _____

Primary Registration District No. 2001 Registered No. 54

FULL NAME OF CHILD Kenneth Leo Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	July 3 1955

FATHER		MOTHER	
FULL NAME	Fred Marquis Johnston	FULL MAIDEN NAME	Mary Lou Magill
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall MD

(Physician or midwife)

Address Star Idaho

Filed July 5 1955

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

Ole Hall MD
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1948

213-108-001-612

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 31385

Primary Registration District No. 2001 Registered No. 58

FULL NAME OF CHILD ORVILLE HENRY BALDWIN

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry J. Baldwin	FULL MAIDEN NAME	Ella D. Washam
RESIDENCE	Star, Idaho	RESIDENCE	Star Idaho
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Sheepman	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ow Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Star Idaho

Filed June 9 1915 Ow Hall MD

Registrar Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 31385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) June 8 1915
for Unnamed Baldwin (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 8 1915 (DATE OF EVENT)
in Star (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 27 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Baldwin	Orville Henry Baldwin

Subscribed and sworn to before me this 27
day of January, 1942

Ora Talbot

Notary Public, residing at Star

My commission expires

(SEAL) Justice of the Peace

Signed Henry Baldwin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of January, 1942

Ora Talbot

Notary Public, residing at Star

My commission expires

(SEAL) Justice of the Peace

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Henry Baldwin
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

331-105-014-569

PLACE OF BIRTH

County of Lemhi

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

Registration District No. 6

File No. 31586

Primary Registration District No. 1010

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 5 1914

FATHER		MOTHER	
FULL NAME	John W. Clay	FULL MAIDEN NAME	Lillian K Ewing
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Hsd

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.15 A. M. on the date above stated.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Filed 7-3 1914 J. F. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

756-103-014-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]-1-1-13

CERTIFICATE OF BIRTH

31387

County of Canyon

City of Emmett — Registration District No. 4 — File No.

No. ____ St. — Primary Registration District No. 1010 — Registered No.

Hospital ____

FULL NAME OF CHILD Earl James George

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	June 8 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A. George	FULL MAIDEN NAME	Hattie Hunt
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Hsw

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.20 a. M. on the date above stated.

(Signature) B.O. Clark MD

(Physician or midwife)

Address Emmett

Filed 7-3 1913 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24696

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 8 1945

JAN 10 1954

945-101-014-366

PLACE OF BIRTH

Amended 7/12/77

Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m—1-1-38

CERTIFICATE OF BIRTH

31388

City of Emmett — Registration District No. 4 — File No.

No. ____ St. — Primary Registration District No. 1010 — Registered No.

Hospital ____ EDWIN

FULL NAME OF CHILD [illegible] Rundstrom Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	June 1 — 1913

FATHER		MOTHER	
FULL NAME	Edward F Rundstrom	FULL MAIDEN NAME	Ella Cook
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Tenn.
OCCUPATION	merchant	OCCUPATION	Hse

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 0 M. on the date above stated.

(Signature) B. O Clark MD

(Physician or midwife)

Address Emmett

Filed 7-3 1915 J L Raymond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—TYPE PREFERRED
PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 7/12/77

PLACE OF BIRTH

Sex of Child

NAME

FATHER

MOTHER OR CHILD

Birthplace

Residence

Occupation

Age

Color or Race

Name

Maiden Name

Birthplace

Residence

Occupation

Age

Color or Race

Name of Hospital or Institution

City or Town

No.

Street

Residence

Date of Birth

Month

Day

Year

Hour

Weight at Birth

Number of Child

Number of Children Born Alive

Number of Children Now Living

Number of Other Children Dead

Legitimate

Illegitimate

Was Birth Single, Twin, Triplet, etc.?

Was Child Born Alive?

Was Child Born Dead?

Was Child Born Before Marriage?

Was Child Born After Marriage?

Was Child Born Out of Wedlock?

Was Child Born In Wedlock?

Was Child Born To Unmarried Parents?

Was Child Born To Married Parents?

Was Child Born To Single Parents?

Was Child Born To Widowed Parents?

Was Child Born To Divorced Parents?

Was Child Born To Separated Parents?

Was Child Born To Parents Living Together?

Was Child Born To Parents Living Apart?

Was Child Born To Parents Living In Different States?

Was Child Born To Parents Living In Different Countries?

Was Child Born To Parents Living In Different Continents?

Was Child Born To Parents Living In Different Hemispheres?

Was Child Born To Parents Living In Different Time Zones?

Was Child Born To Parents Living In Different Languages?

Was Child Born To Parents Living In Different Cultures?

Was Child Born To Parents Living In Different Religions?

Was Child Born To Parents Living In Different Races?

Was Child Born To Parents Living In Different Ethnicities?

Was Child Born To Parents Living In Different Nationalities?

Was Child Born To Parents Living In Different Citizenships?

Was Child Born To Parents Living In Different Residences?

Was Child Born To Parents Living In Different Addresses?

Was Child Born To Parents Living In Different Cities?

Was Child Born To Parents Living In Different Towns?

Was Child Born To Parents Living In Different Villages?

Was Child Born To Parents Living In Different Counties

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 22 8 16 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 31388

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edwin C. Rundstrom (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1915 (Date of Event)
in Emmett, Idaho (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birthday Book (Bible Record, Insurance Policy, Etc.) prepared on about Feb 23, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	June 4, 1915	June 1, 1915

Subscribed and sworn to before me this 17th day of June, 19 77

Notary Public, residing at Livermore, California
My commission expires July 29, 1979
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 19 77

Notary Public, residing at Livermore, California
My commission expires July 29, 1979
(Seal)

Signed [signature]
(Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155

CL 6/8/77 nm

Family Bible record gives name as Edwin Jr. born June 1, 1915 in Emmett, Idaho viewed by V. S.

JUL 12 1977

Transcript from Anaheim U.H.S. gives name as Edwin Clarence Rundstrom. born Jun e1, 1915. viewed by V. S. dated April 1940. viewd by V. S.

CORRECTED

MAY 1 1942

3138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin C. RUNDSTROM, Jr.

5. **DATE OF BIRTH** (Month, day, year) June 4, 1915

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin C. Rundstrom

11. Color or Race W.

12. Age at time of THIS birth 41 yrs.

13. Birthplace Ill. (City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Cooke

17. Color or Race W.

18. Age at time of THIS birth 30 yrs.

19. Birthplace Tenn. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by From records (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** BURTON O. CLARK M.D. (D.O., Midwife, etc.)
Veterans Administration
and address Boise, Idaho Date 5-1-42

MAY 29 1942

SEP 10 1969

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

395-130-014-552

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31389

County of Canyon

City of Emmett

Registration District No. 6

File No.

No. ....., ... St.

Primary Registration District No. 1610

Registered No.

Hospital Amended 11/8/79

FULL NAME OF CHILD Ira Leonard Lindsay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	6-30-1915

FATHER		MOTHER	
FULL NAME	Chas. Ira Lindsay	FULL MAIDEN NAME	Nellie Nebeker
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 6-30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed 6-30 1915 J. L. Reynolds

Registrar

.....

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...RIGHT RESERVED FOR BINDING

11/8/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 31389
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Lindsay (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6/30/15 (Date of Event)

in Emmett (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Lindsay	Ira Leonard Lindsay

Subscribed and sworn to before me this 8th day of November, 1979

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

X Ira Leonard Lindsay
Signature of Applicant

Route 5 Box 101 Blackfoot, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage License listed in Idaho 4/27/36 gives name of Groom as Ira Leonard Lindsay viewed by V.S.

Birth certificate issued by State of Idaho #419085 for child born 4/20/46 gives name of Father as Ira L. Lindsay. viewedby V.S.

NOV 9 1979

212-129-014-494

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31390

County of Canyon

City of Emmett

No. ....., ... St.

Hospital .....

Registration District No. 6

Primary Registration District No. 1010

File No. .....

Registered No. .....

FULL NAME OF CHILD Henry Bauer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Dec	29	1915

FATHER		MOTHER	
FULL NAME	D. D. Losser Jr	FULL MAIDEN NAME	Hilda May Middleton
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed 7-1 1915 J. L. Reynolds Registrar

S-Y CO., 16670

Registrar

4/26/41 L. B.

JUN 27 1944

345-104
009-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31391

County of Bonner

City of Naples, Ida.

No. ..... St.

Hospital .....

Registration District No. 79

File No. .....

Primary Registration District No. 2156.

Registered No. .....

FULL NAME OF CHILD Clair Ellsworth Lunden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emil Lundeen	FULL MAIDEN NAME	Ida Finney.
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 50 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed June 4 1915 E E Fry.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 9/27/40

265-113-009-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31392

Registration District No. 39 File No. _____

Primary Registration District No. 215-6 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes.	June 13 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Helmer Swenson	FULL MAIDEN NAME	Marie Bangs.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 13, 1915. E. E. Fry. Registrar

S-Y CO. 24688

463-216-009-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31393

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 2156

Registered No.

Hospital

FULL NAME OF CHILD Marion Mottner

Sex of Child: Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: June 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Mottner	FULL MAIDEN NAME	May F. Petram
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed June 16 1915

E. E. Fry
Registrar

S-Y CO. 24655

335-217-009-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31394

County of Bonner

City of Bonners Ferry

Registration District No. 79 File No.

No. St.

Primary Registration District No. 215-6 Registered No.

Hospital

FULL NAME OF CHILD Margaret Elaine Elwett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 17 1915

FATHER		MOTHER	
FULL NAME	Wallace S. Elwett	FULL MAIDEN NAME	Clara E. Baughman
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas.
OCCUPATION	Manager Mercantile Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 20 19 15 E E Fry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1956

Amended 3/30/73

4/512-225 003-563

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31395
Local Reg. No.
Reg. Dist. No. 79

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Margaret
b. (Middle):
c. (Last): DeBoer

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) June (Day) 25, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Walter
b. (Middle):
c. (Last): DeBoer

8. AGE (At time of this birth): 36 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Mich.
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Nonemacher

13. AGE (At time of this birth): 34 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wis.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. E. Fry
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Bonners Ferry, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: June 26, 1915
22. REGISTRAR'S SIGNATURE: E. E. Fry
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 5:30AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

DECEASED
6-8-2005
OR 05-14019

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31395

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Delorons DeBoer (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1915 (Date of Event) in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Delorons DeBoer	Margaret DeBoer

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 19 73

.....
Notary Public, residing at Bend, Oregon
My commission expires Feb. 3, 1975
(Seal)

Signed Mrs. Alta L. Kuld
(Signature of Any Credible Person)

610 Colorado, Bend, Oregon 97701
(Street Address, City, State)

FORM DH 60-155 CL 2/16/73 lccpd rec # 8909

Photo copy of family Bible record gives name as Margaret DeBoer born June 25, 1915. appears to be old. Viewed by V. S

Certificate of Baptism from St. Joseph's Church gives name as Margaret DeBoer child of Walter DeBoer and Maria N. DeBoer. Born June 25, 1915. Was Baptized Aug. 1, 1915. Viewed by V. S.

493-130-009-847

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31396

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 2156

Registered No.

Hospital

FULL NAME OF CHILD Fay Elmer Mitchell

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward W. Mitchell	FULL MAIDEN NAME	Beatrice Hughes
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	California	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child, is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucett M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Bonners Ferry Ida

Filed July 1 1915

E E Fry
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

635-130-009-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31397

County of Bonner.

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 215-6. Registered No.

Hospital

FULL NAME OF CHILD George Wm Olson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	June 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. Henry Olson	FULL MAIDEN NAME	Mary Price
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Germany.
OCCUPATION	Bartender.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

19

Registrar

Filed July 1 1915 E E Fry Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-261534

213-101-009-493

PLACE OF BIRTH

County of Boner

City of Bonners Ferry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 29

File No. 31398

Primary Registration District No. 215-6

Registered No. ____

FULL NAME OF CHILD Takashi Sato

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	yes.	May 1 1918

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hikoroku Sato	FULL MAIDEN NAME	Tamayo Mikami
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	Yellow.	COLOR	Yellow
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed May 1 1918 E. E. Fry
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-103-009-635

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31399

County of Bonner

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 215-6 Registered No.

Hospital

FULL NAME OF CHILD Otis Wilbur Simon

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	May 3 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. L. Simon	FULL MAIDEN NAME	Emma Oleson
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed May 4 1915 E E Frey Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/1/41 rmf

NOV 30 1956

255-104-009-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 79 File No. 31400

No. ____ St. Primary Registration District No. 2186. Registered No. ____

Hospital ____

FULL NAME OF CHILD Oscar Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes.	May 4 — 15

FATHER		MOTHER	
FULL NAME	Victor Benson	FULL MAIDEN NAME	Ellen Johnson
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2. A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed May 7 19 15. E. E. Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
BUREAU OF VITAL S

CERTIFICATE OF

PLACE OF BIRTH

County of Bonner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-B

CERTIFICATE OF BIRTH

City of Bonners Ferry
437-206-009-366 Registration District No. 79 File No. 31401
No. St.

Primary Registration District No. 216-6 Registered No.

Hospital

FULL NAME OF CHILD Ella Mae Mc Glocklin

Sex of Child	Twin, Triplet or other? (To be answered in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 6 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Mc Glocklin	Ella May Cooper.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	26.
BIRTHPLACE	Iowa	Iowa.
OCCUPATION	Clerk (Gen'l Store)	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician, (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed May 9 1915 E. E. Fry Registrar

..... Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

613+208-009-684

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31402

County of Boone

City of Bonners Ferry. Registration District No. 79 File No.

No. St.

Primary Registration District No. 216. Registered No.

Hospital

FULL NAME OF CHILD Dorothy Evelyn Falk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Falk.	Hilda Ohman
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Sweden.	Sweden.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician. (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed May 10 1915.

E E Fry.
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1967

866-213-009-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31403

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 2156.

Registered No.

Hospital

FULL NAME OF CHILD Irene Immogine Howe.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	May 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarke Howe	FULL MAIDEN NAME	Mae Collins
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis.	BIRTHPLACE	Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed May 16 1915

E E Fry.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1966

219-202-009-415

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 79

Primary Registration District No. 3186

File No. 31404

Registered No. ____

FULL NAME OF CHILD Alexandra Barber

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes.	Apr. 2 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Barber	FULL MAIDEN NAME	Sarah Ann Davis
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed 4/3 1915

E E Fry Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1971

DECEASED

239 - 108-009 - 331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 215-6

File No. 31405

Registered No. .....

FULL NAME OF CHILD Harold Strader

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes.	Apr. 8 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Strader	FULL MAIDEN NAME	Rosella Clark
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Maine.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/12 19 15 E E Fry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

MAY 10 19

MAY 10 1949

319-115-009-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Bonners Ferry Registration District No. 79 File No. 31406

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elsworth Lozier.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Apr. 15 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Lozier	FULL MAIDEN NAME Grace Cobb.
RESIDENCE	Marion, Mont.	RESIDENCE Marion, Mont.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE Wis.
OCCUPATION	Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 15 1915 E E Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INDELIBLE INK. SIGN A PERMANENT

OF BIRTH

SEP 20 1976

STATE OF IDAHO
BUREAU OF VITAL STATIS

SEP 18 1941

165-115-009-342

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonners

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 31407

Primary Registration District No. 2186. Registered No. .....

FULL NAME OF CHILD William Andrew Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 15 1915

FATHER		MOTHER	
FULL NAME	Standish A. Jones	FULL MAIDEN NAME	Fanny Strong Cushen
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Mill Laud	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 15-15 at 1.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Faucett M.D.
(Physician or midwife)

Address Bonners Ferry

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 17 19 15 E E Fry
Registrar

S-Y CO. 24655

759-116-009-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31408

County of Bonner

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Sanford Donald Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and —	—	yes.	Apr. 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Perry	Minnie Andersen
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Mo.	Neb.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 4/16 1915 E E Fry Registrar

..... Registrar

S-Y CO. 24655

612-12.1009-168

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31409
Local Reg. No.
Reg. Dist. No. 79

Amended 9/23/77

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meadow Creek
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Bruce
b. (Middle): Esher
c. (Last): Washburn

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): April 27, 1915

FATHER OF CHILD

Time: 11:50AM

7. FULL NAME
a. (First): Chas.
b. (Middle): A.
c. (Last): Washburn

8. AGE (At time of this birth): 33 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Mich.
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Johnson

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wis.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. E. Fry
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Bonners Ferry, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Apr. 27, 1915
22. REGISTRAR'S SIGNATURE: E. E. Fry
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record Typewriter Ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Boundary } ss.

Certificate No. 31409

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Delmer Esher Washburn (Name on Original Certificate) who was born (Was Born or Died) on Apr 27, 1915 (Date of Event)
in Bonners Ferry, Idaho (Bonner) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Delmer Esher Washburn	Bruce Esher Washburn

Subscribed and sworn to before me this 20th day of July, 19 77

Notary Public, residing at Bonners Ferry Idaho

My commission expires May 19, 1981

(Seal)

Signed Nellie M. Washburn Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry, Idaho 83805
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Boundary } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1977

Notary Public, residing at Bonners Ferry

My commission expires May 19, 1981

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Apt. 19 3016 Government Way
Coeur d' Alene, Idaho 83814
(Street Address, City, State)

FORM DH 60-155

CL 6/30/77 nm

~~XXXXXXXXXXXXXXXXX~~
Discharge papers from Army gives name as Bruce Esher Washburn. born April 27, 1915 in Bonners Ferry, Idaho. date of separation dated Jan 9 1953. viewed by V S

Letter from Boundary County School Dist. No. 101, Bonners Ferry Idaho gives name as Bruce Washburn. son of Chalres and Nellie Washburn. was 15 yrs old on Sept 20, 1931. show his birth date as 1915. viewed by V. S.

893-117-009-291

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31440

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 2156

Registered No.

Hospital

FULL NAME OF CHILD William Joseph Nitsch.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Jan. 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antone Franz Nitsch	FULL MAIDEN NAME	Marie Branner
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Given names added from a supplemental report.

19

Address [illegible]

Filed Jan. 21 1915 E. E. Fry
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-103-009-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry — Registration District No. 79 — File No. 3141

No. ____ St. — Primary Registration District No. 215-6 — Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes.	Mar. 3 1915

FATHER		MOTHER	
FULL NAME	Gust Broten	FULL MAIDEN NAME	Annie Anderson
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed 3/5/1915 E. E. Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-116-009-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31412

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 2156

Registered No.

Hospital

FULL NAME OF CHILD Claude Woods.

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Mar. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James W. Woods	FULL MAIDEN NAME	Nellie L. Bell
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida

Filed 3/16/1915

E. E. Fry
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1972

795-112-009-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31413

County of Bonner

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 215-6. Registered No.

Hospital

FULL NAME OF CHILD George Redford Greer.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and — (To be answered only in event of plural births)		yes.	Mar. 12 1915.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas E. Greer,	Nora Collins
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Ill.	Ill.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/12/1915. E E Fry. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 12, 1941. E.W.

MAR 15 1943

269-120-009-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31414

County of Boone

City of Bonners Ferry — Registration District No. 79. — File No.

No. ____ St. — Primary Registration District No. 315-6. — Registered No.

Hospital Joseph

FULL NAME OF CHILD William Sorenson.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes	Mar. 10 1915.

FATHER		MOTHER	
FULL NAME	William Sorenson	FULL MAIDEN NAME	Ina Woodward.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Wis.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. — Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Filed Mar. 13, 1915. E. E. Fry Registrar

.....
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-125-009-958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boone

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31415

Registration District No. 79 File No. .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Howard Benjeman Rieken

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes.	Mar. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry L. Rieken	FULL MAIDEN NAME	Hazel N. Reynolds
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	S. Dak.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 26 1915 E E Fry Registrar

S-Y CO. 24655

9-9-40

CC

693-231-009-546

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Bonner

City of Bonners Ferry Registration District No. 79 File No. 31416

No. _____ St.

Primary Registration District No. 2156 Registered No. _____

Hospital _____

FULL NAME OF CHILD Kathleen Louise ~~Edwards~~ Wilson.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Mar. 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin J. Wilson	FULL MAIDEN NAME	Hazel Edwards.
RESIDENCE	Copeland, Idaho.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	26.
BIRTHPLACE	Ontario.	BIRTHPLACE	Wis.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bonners Ferry, Ida.

Filed Mar. 31 1915 E E Fry
Registrar

Registrar

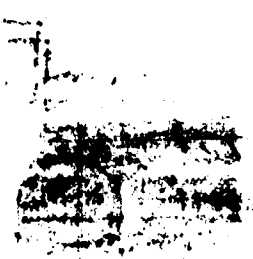
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1944



154-206-010-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 31417

No. ..... St.

Primary Registration District No. 2150 Registered No. 138

Hospital .....

FULL NAME OF CHILD Freda Augusta Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Anderson	FULL MAIDEN NAME	Anna Holm
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 6-1915 at 8:00 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed June 9 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 2 3 1967
Bureau of Vital Statistics

State of Idaho
County of Jefferson } ss.

Certificate No. 31417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Anderson (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Freda Augusta Anderson

Subscribed and sworn to before me this 20th day of January, 1967

Leonard E. Graham

Notary Public, residing at Rigby Idaho

My commission expires Jan 5 1968

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1967

Leonard E. Graham

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-68

(Seal)

Signed Kenneth Nelson (Signature of Any Credible Person)

Ririe Idaho (Street Address, City, State)

FORM DH 60-155 CL 5-10-66. nm

Marriage Certificate on file: (Idaho Marriage) #54-2889 gives full name of groom as Orson M. Scott and full name of bride as Freda Augusta Anderson - viewed by V.S.

APR 7 1967

L.D.S. Genealogical Data, gives full name as Freda Augusta Anderson, born June 6, 1915 to Peter Anderson and Anna L. Holm at New Sweeden, Idaho - baptized and confirmed June 10, 1923 - viewed by V.S.

185-21-010-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital Fullers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31419

Primary Registration District No. 21-a Registered No. 140

FULL NAME OF CHILD Kay Kinnaird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 11 1917

FATHER		MOTHER	
FULL NAME	Leon Kinnaird	FULL MAIDEN NAME	Florence Holman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Grand Loma	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leon Kinnaird

P Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Idaho

Filed June 11 1917 Leon Kinnaird

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1943

OCT 31 1950

365-110-010-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 31420

No. ..... St.

Primary Registration District No. 2110 Registered No. 141

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	June 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gust Tongren	FULL MAIDEN NAME	Betty Anderson
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 10-1915 at 4:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodenquist M.D.

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed June 12 1910 - [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-205-010-553

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73

File No. 31421

No. _____ St.

Primary Registration District No. 2150

Registered No. 142

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earnest Carlson	FULL MAIDEN NAME	Augusta Nelson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - June 5 - 1915 at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodugurst M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed June 12 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 6 1968

845-214-010-356

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 31422

No. ____ St.

Primary Registration District No. 210 Registered No. 143

Hospital ____

FULL NAME OF CHILD Virginia Maxine Hunsaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 14 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	George Hunsaker	FULL MAIDEN NAME	Myrtle Lewis
RESIDENCE	Lincoln Ida	RESIDENCE	Lincoln Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Burlington Iowa
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) June 14-15 at 3 50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. R. Lockwood M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Filed June 15 19 15

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-214-010-231

[redacted]

1-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. 31423

Primary Registration District No. 2150 Registered No. 144

FULL NAME OF CHILD Vida Bingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry Bingham	FULL MAIDEN NAME	Clara Blatter
RESIDENCE	Idaho Falls Ida RFD3	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 E. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Idaho

Filed June 15 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

OCT 21 1944

2/28/41 L. B.

384-117-010-994

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31424

County of Bonneville

City of Idaho Falls

No. Place St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 21 5-0 Registered No. 145

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank H Chinchill	FULL MAIDEN NAME	Nita C Kennard
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	~~Idaho Falls Idaho~~ Iowa
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Filed June 17 1915 Wm Kennard
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STAT

CERTIFICATE OF BIRTH

612 - 211-010-793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31426

County of Bonneville

City of Idaho Falls

No. 8th St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 2150 Registered No. 147

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Foster	FULL MAIDEN NAME	Ida Hill
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Employee in garage	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed June 21 1915 Wm Kennard
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-221-010-669

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31427

Primary Registration District No. 2140 Registered No. 144

FULL NAME OF CHILD Alice Aileen Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female,		Yes.	Jun. 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Bird,	FULL MAIDEN NAME	Mary N. Fortuer, Forquer
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Idaho
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Iowa,	BIRTHPLACE	Ills.
OCCUPATION	Wife.	OCCUPATION	Laborer.

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, June 21, 1915, at # 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Bridges M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Idaho Falls, Idaho.

Filed June 26 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

NOV 17 1948

DIVISION OF VITAL STATISTICS

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Idaho Falls
   (c) Street Address or R.F.D. No. do not recall
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county approximately years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. do not recall
   (e) How long has **MOTHER** lived in Idaho? 8 mo. ~~yrs~~

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** ALICE AILEEN BIRD

5. Date of Birth of Child (Month, day, year) June 28, 1915 (1915)

6. Sex F

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Ernest Bird
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Section hand
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Forquer
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mount Ayr Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of COLORADO
County of Weld } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being ~~first duly sworn~~, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her years, and that Dr. Bridges (Idaho Falls) (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Forquer Bird Signature

713½ 5th Street, Greeley, Colo. P. O. Address

Subscribed and sworn to before me this 15th day of November, 19 48.

(SEAL) Louise L. Lumbard, Notary Public, residing at Greeley, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-225-010-695

Form V. S. No. 11-C—25 1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31428

County of Bonneville

City of Idaho Falls

No. 13th St.

Hospital

Registration District No. 23

File No.

Primary Registration District No. 211

Registered No. 149

FULL NAME OF CHILD Zelda Slater

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1st	Yes	June 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Enoch Slater	FULL MAIDEN NAME	Annie Pointers
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Huntsville Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kennard

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed 6/23 1915 W. Kennard
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 11 1944 Certificate No. 31428

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 25, 1915 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 26, 1925 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Zelda Slater
Date	June 26th	June 25, 1915

Subscribed and sworn to before me this 9 day of February 1944

Martell Marks

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47

(SEAL)

Signed [illegible]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

[illegible] 19th Street

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February 1944

Martell Marks

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1944 By

(REGISTRAR'S SIGNATURE)

FEB 14 1944

231-225-010-443

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31429

County of Bonneville

City of Idaho Falls

No. 13 St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 2150 Registered No. 150

FULL NAME OF CHILD Relda Slater

Sex of Child Female	Twin Triplet or other? Twin and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Enoch Slater	FULL MAIDEN NAME	Annie Winters
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Huntsville Ct.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed 6/27 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 11 1944
County of Bonneville }

Certificate No. 31429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 25, 1915 (DATE OF EVENT)
in (PLACE OF EVENT) Baptismal are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ~~XXXXXXX~~ certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 1st, 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Relda Slater
Date	June 26th	June 25, 1915

Subscribed and sworn to before me this 9th
day of February, 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

[illegible]
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of February, 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1944 By
(REGISTRAR'S SIGNATURE)

FEB 14 1944

681-225-010-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Hill St.

Hospital

Registration District

Primary Registration District No. 2150

File No. 31430

Registered No. 151

FULL NAME OF CHILD Mary Jane Wyatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Wyatt	FULL MAIDEN NAME	Hannah Thorpe
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Wellsville Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

P Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed June 29 1915 Wm Kennard Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-109-010-391

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Lake view

No. ..... St.

Hospital .....

Registration District No. .....

File No. 31431

Primary Registration District No. .....

Registered No. 152

FULL NAME OF CHILD Leo, Seth waters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June 9 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Seth waters	FULL MAIDEN NAME	Francis E. Crow
RESIDENCE	Lake view	RESIDENCE	Lake view
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salina utah	BIRTHPLACE	Grover wyoming
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 9 at 20 to 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Boreville Co, Idaho

Filed June 30 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 11 1975

964-105-010-251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31432

County of Bonneville

City of Lava

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21-10 Registered No. 1173

Hospital

FULL NAME OF CHILD Wilford Beach Rounds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	June 5 1915

FATHER		MOTHER	
FULL NAME	William M. Rounds	FULL MAIDEN NAME	Emma L. Beach
RESIDENCE	Lava	RESIDENCE	Lava
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	weber utah	BIRTHPLACE	wedarp utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 5 at 9 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah H. Rounds

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Bonneville Co., Idaho

Filed June 30 19 15 Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-18-1941, dp.

219-115-010-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. _____ St.

Hospital Finley

Registration District No. 73 File No. 31433

Primary Registration District No. 2100 Registered No. 104

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	No	June 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	?	FULL MAIDEN NAME	Alice Bailey
RESIDENCE	?	RESIDENCE	Idaho Falls, Ida
COLOR	? AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	?	BIRTHPLACE	England
OCCUPATION	?	OCCUPATION	Waitress

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — June 15 - 1915 at 12 30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergrust M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed June 30 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

358-219-010-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 31434

No. _____ St.

Primary Registration District No. 2150 Registered No. 155

Hospital _____

FULL NAME OF CHILD Martha Viola Lehmkuhl

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	June 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Lehmkuhl	FULL MAIDEN NAME	Katie Burhenne
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - June 19-1915 at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls, Idaho

Filed July 1 1915 A. Kimmond Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-6-4

JAN 20 1960

JAN 13 1971

165-121-010-389

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 13 File No. 31435

Primary Registration District No. 210-0 Registered No. 15-6

FULL NAME OF CHILD Donald Clissold Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Wm. Jones	FULL MAIDEN NAME	Flourance Emma Clissold
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co. Ida.

Filed July 2 1915 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C-20m-8-15-12

MAR 24 1942

TATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249-101-010-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31436

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 157

FULL NAME OF CHILD Walter Raymond Burris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 1st 1915

FATHER		MOTHER	
FULL NAME	Walter Burris	FULL MAIDEN NAME	Lottie Brown
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hollister

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed July 1 1915 W J Fremont Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH
County of SALT LAKE } ss.

Certificate No. 31436

AUG 10 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED (Name on Original Certificate) who WAS BORN (Was Born or Died) on MAR. 1, 1915 (Date of Event)
in IDAHO FALLS, IDAHO (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Walter Raymond Burris

Subscribed and sworn to before me this 6 TH
day of MARCH, 1943

Myron L. Sutton
Notary Public, residing at Saltair, Utah.
My commission expires Jan 21, 1947.
(Seal)

Signed Lottie May Burris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Saltair Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 th
day of August, 1945.

Notary Public, residing at Saltair Utah
My commission expires Jan 21 1947
(Seal)

Signed Mrs. J. A. Davis
(Signature of Any Credible Person Other Than Previous Year)

Saltair, Utah.
(Street Address, City, State)

AUG 17 1945

799-228-010-552

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31438

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 159

FULL NAME OF CHILD Melva Priest

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Priest	FULL MAIDEN NAME	Cleo West
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Taylorville, Ida.	BIRTHPLACE	Canesville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister M.D.

Idaho Falls, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 2 1915 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31438

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Priest (female) (Name on Original Certificate) who was born (Was Born or Died) on April 28, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Melva Priest

Subscribed and sworn to before me this 27th day of Dec., 19 74

Notary Public, residing at DAVID L. HARTER

My commission expires Notary Public Residing at Idaho Falls, Idaho My Commission Expires March 1, 1975

(Seal)

Signed X ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 12/19/74

Certif. of Blessing from the LDS Church gives name as Melva Priest daughter of John R. Priest and Cleo West. April 28, 1915 at Taylo., Idaho. Was Blessed July 4, 1915. viewed by V. S. JAN

Own daughter's birth certif. on file in Idaho (28771) (being amended to read Shirley LaDean Christensen) gives name as May West Christensen. mother's name given as Melva Priest. viewed by V. S.

389-221-010-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31439

Registration District No. 73 File No. .....

Primary Registration District No. 21 V-0 Registered No. 160

FULL NAME OF CHILD .....

Sex of Child: Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Jan 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris A. Christensen	FULL MAIDEN NAME	Eva Butler
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Hooper, Utah.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Stollister M.D.

Idaho Falls, Ida. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 2 1915 [signature] Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-219-010-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31440

Primary Registration District No. 2100 Registered No. 161

FULL NAME OF CHILD Marie Alta Weaver

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	2-19-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max A. Weaver	FULL MAIDEN NAME	Bertha Simpson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Brunswick, Neb.	BIRTHPLACE	No. Yakima, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hollister M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed July 2 1915 A M Fernand Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy of Own Child's Birth Certificate, State of Washington, April 9, 1942, Seattle, Washington gives full maiden name of mother as Marie Alta Weaver - viewed by V.S. Notarized Statement from Dr. W.H. Waddington, Seattle Washington concerning his medical Records - states - "I have known the applicant Mrs. Peterson, professionally for over 28 years, which dates back to before her marriage. Her name then was Marie Alta Weaver." - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Dr. Waddington is a D.D.S.

State of [illegible] } ss.
County of [illegible] }

Certificate No. 31440

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Weaver (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marie Alta Weaver.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155 CL 9-9-60. nm

SEP 19 1960

JUL 26 1961

169-227-010-318

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31441

Primary Registration District No. 210-0 Registered No. 162

FULL NAME OF CHILD Roberta Virginia Jordan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	V-27-191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alem Jordan	FULL MAIDEN NAME	Martha Taylor
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Pawnee City, Neb.	BIRTHPLACE	Brempton, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Hollister M.D.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 2 19 15 - [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

DEC 31 1974

689-121-031-533

OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31442

County of Lewis

City of Vollmer

Registration District No. 50 File No.

No. St.

Primary Registration District No. 2129 Registered No. 108

Hospital

FULL NAME OF CHILD Whitson ~~Not named~~ Earl Harland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Whitson	FULL MAIDEN NAME	Estle May Elliott
RESIDENCE	near Vollmer, Idaho	RESIDENCE	near Vollmer, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Moscow, Ida.	BIRTHPLACE	Boon, Ia.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or midwife)

Given names added from a supplemental report.

19

Address Vollmer, Ida.

Filed 6-27 1915 H. C. Parrish

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 9/20/40

813-1[illegible]-031-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31443

County of Lewis

City of Vollmer

No. _____ St.

Hospital _____

Registration District No. 50

File No. _____

Primary Registration District No. 2129

Registered No. 107

FULL NAME OF CHILD Harry Hackett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Hackett	FULL MAIDEN NAME	Agnes White
RESIDENCE	Yakima, Wash.	RESIDENCE	Yakima, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas City Mo.	BIRTHPLACE	Kansas City, Mo.
OCCUPATION	Teamster + horse dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Vollmer, Idaho

Filed 6-27 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-121-031-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50 File No. 31444

Primary Registration District No. 2129 Registered No. 106

FULL NAME OF CHILD MICHAEL GEIDL Michael Geidel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Geidel	Nellie Lyden
RESIDENCE	Vollmer, Idaho	Vollmer, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Chicago, Ill.	Lincoln Co. Kans.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician

(Physician or midwife)

Address Vollmer, Idaho

Given names added from a supplemental report.

..... 19.....

Filed June 27 1915 H. C. Parrish

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 31444

County of Lewis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Francis Geidel (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 21, 1915 (DATE OF EVENT) in Vollmer Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 2 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Francis Geidel	Michael Geidl

Subscribed and sworn to before me this 1st day of March, 1943

C. P. Hinkle

Notary Public, residing at Lewiston Ida

My commission expires 2-10-1945

(SEAL)

Signed Mrs Edith Holm.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1419 Idaho St Lewiston, Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ny Perse }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1943

C. P. Hinkle

Notary Public, residing at Lewiston Idaho

My commission expires 2-10-1945

(SEAL)

Signed Anna G Klaus

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

703-6th Ave

(STREET ADDRESS, CITY, STATE)

Lewiston Idaho

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1943

855-220-031-239

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

Registration District No. 50 File No. 31445

Primary Registration District No. 2129 Registered No. 105

FULL NAME OF CHILD Velma Loween Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	6 (Month) - 20 (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence L. Henderson	Ella M. Stratton
RESIDENCE	Nezperce Ida	Nezperce Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Iowa	Canada
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-15 - AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Nez Perce Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-25 1915 H. C. Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 0 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Jefferson } ss.

Certificate No. 31445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Henderson (female) (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event) in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Velma LoweenHenderson

Subscribed and sworn to before me this 30th day of January, 19 75

Notary Public, residing at Madras, Oregon

My commission expires 6-5-77

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

765 So. 1st St., Madras, OR 97741
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 19 75.

Notary Public, residing at Lewiston

My commission expires December 11, 1975

(Seal)

Signed Faye E Henderson
(Signature of Any Credible Person)

1150 R Ave Lewiston, Ida
(Street Address, City, State)

FORM DH 60-135 CL 1/20/75 nm

Family Bible record gives name as Velma Loween Henderson born June 20, 1915 at 1915 at Craigmont, Idaho. married Ralph Tomas Johnson. Nov. 30, 1936. viewed by V. S.

MAR 7 1975

Own child's birth certificate on file in Idaho (#265275) gives child's name as Kenneth Wayne Johnson born Jan.31, 1938. father's name given as Ralph T. Johnson and the mother's name as Velma L. Henderson. viewed by V. S.

553-115-031-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... *St.*

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. **31446**

Registered No. 104

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Riley Nelson	FULL MAIDEN NAME	Alpha Crouse
RESIDENCE	Ilo	RESIDENCE	Ilo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. C.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 6-17 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-109-031-451

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... *St.*

Hospital .....

Registration District No. 50 **File No.** 31447

Primary Registration District No. 2129 **Registered No.** 103

FULL NAME OF CHILD Robert John Click

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Q. R. Click	FULL MAIDEN NAME	Dora DeAtley
RESIDENCE	Ilo	RESIDENCE	Ilo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ill
OCCUPATION	Lumber-Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 6-17 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 1942

213-201-031-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gewis

City of Ico

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31448

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 102

FULL NAME OF CHILD Unnamed Ada Willene Sales

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry R. Sales	FULL MAIDEN NAME	Hellen E. Smith
RESIDENCE	Ico Idaho	RESIDENCE	Ico Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	~~39~~ 29 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ico Idaho

Filed June 10 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] TH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]n

City of Caldwell R.D. 3 Registration District No. 31449 File No.

316-105-014-259 No. St.

Hospital No. Primary Registration District No. 2005 Registered No. 95

FULL NAME OF CHILD Richard Newton Lawo.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	June 5 (Month) (Day) 191 5 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. M. Lawo.	Maybelle Berry.
RESIDENCE	Caldwell R.D.	Caldwell R.D.
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	23 (Years)
BIRTHPLACE	Colo.	Neb.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. M. Cole

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

Filed 6-11-1915 John L. Meyer Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

NOV 9 1953

693-205-014-813

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.L.O.

Registration District No. 3

File No. 31450

No. ..... St.

Primary Registration District No. 2005

Registered No. 96

Hospital No.

FULL NAME OF CHILD RUTH QUIMBY GERALDINE WILLIAMS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June -5- 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd L. Williams	FULL MAIDEN NAME	Bernice Hatfield
RESIDENCE	Caldwell R.L.O.	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

B.M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 6-11-1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

DEC 8 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of CANYON

Certificate No. 31450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for (Name on Original Certificate) who WAS BORN (Was Born or Died) on JUNE 5, 1915 (Date of Event)
in CALDWELL, CANYON COUNTY, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MY OWN KNOWLEDGE (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Quimby Geraldine
Fathers name	Floyd L. Williams	Floyd W. Williams

Subscribed and sworn to before me this 5th
day of SEPTEMBER, 19 42

Bert Buell
Notary Public, residing at Caldwell, Idaho
My commission expires December 11, 1944
(Seal)

Signed Mary Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Greenleaf Idaho Box 33
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 5 1975

263-111-014-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, with number of each, in order of birth stated

Form V. S. No. 11—O—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3 File No 31451

No ....., ... St.

Primary Registration District No 2005 Registered No 97

Hospital .....

FULL NAME OF CHILD Mack Allen Kollenborn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	June 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie L. Kollenborn	Jessie White
RESIDENCE	Caldwell R.F.D.	Caldwell, R.F.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Mo.	Neb.
OCCUPATION	Farmer	Hsw.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Stanner

Physician
(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-15- 1915

John L. Meyer
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

2/4/41 L. E.

MAR 15 1943

FEB 23 1946

231-212-014-669

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31452

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 98

FULL NAME OF CHILD Lucy Jane Blackstock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	0		3	Yes	6 — 12 — 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adam Blackstock	FULL MAIDEN NAME	Mary J. Ford
RESIDENCE	Enterprise Idaho	RESIDENCE	Enterprise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Scotland	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Farmer Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed G-17- 1915 John J. Meyer
Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/27/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1 11 42 AM '77
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 31452

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Blackstock (Name on Original Certificate) who was born (Was Born or Died) on 6/12/15 (Date of Event)
in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Lucy Jane

Deponent lived next door to Lucy Jane Blackstock when child was attending first grade and is familiar with her age, birthdate and correct name

Subscribed and sworn to before me this day of Feb., 1977

Notary Public, residing at Caldwell, Idaho
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1008 Fillmore, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Deponent was teacher of Lucy Jane Blackstock in 1st grade.

~~Subscribed and~~ sworn to before me this day of February, 1977

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Driver's licence=issuedd by the State of Idaho dated 12/15/55 gives name as Lucy J. Horn (married name) birth date 6/12/15.

MAR 1 1977

Occidental Life Insurance Company issued 21/11/39 gives name as Lucy Jane Blackstock born 6/12/15.

994-216-014-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 31453

Primary Registration District No. 2005 Registered No. 99

FULL NAME OF CHILD Helen Marie Zimmerman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	8	5	yes	6 16 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August C. Zimmerman	FULL MAIDEN NAME	Katherine Schulenberg
RESIDENCE	Middleton Id	RESIDENCE	Middleton Id
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Waterloo Ill
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth ~~5~~ 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Gue M.D.

Caldwell Id (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell - Idaho.

Filed 6-17- 1915 John S. Meyer Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3/20/41 L. B.

DECEASED

698-217-014-463

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rural II 4 Registration District No. 3 File No. 31454

No. ____, ____ St.

Primary Registration District No. 2005 Registered No. 100

Hospital no

FULL NAME OF CHILD Laura Julia Fry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	June 17 1915

FATHER		MOTHER	
FULL NAME	Arthur M. Fry	FULL MAIDEN NAME	Eunice Pearl Walls
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyer

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-18- 1915 John L. Meyer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1997

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

866-220-014-252

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 31455

Primary Registration District No. 2005 Registered No. 101

FULL NAME OF CHILD Geraldine Rebecca Howard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	6 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Howard	FULL MAIDEN NAME	Ines Kestler
RESIDENCE	Baker City Ore.	RESIDENCE	Baker City Oregon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ark.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Caldwell Ida BM,

Filed 6-24-1915 John H. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 17 1948

296-221-014-314

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31456

County of Canyon

City of Parma Idaho

No. R-R-1 St.

Registration District No. 3 File No.

Primary Registration District No. 2004 Registered No. 102

Hospital

FULL NAME OF CHILD Mary Jane Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	June 21 1915

FATHER	MOTHER
FULL NAME Frank M. Brown	FULL MAIDEN NAME Emma R. Campbell
RESIDENCE Parma Idaho	RESIDENCE Parma Ida
COLOR W AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Eugene Oregon	BIRTHPLACE Mankato Minn
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth Fourth 4 Number of children of this mother now living, including present birth Three 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith D.O.

Caldwell Idaho (Physician or midwife)

Address Osteopath.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6-26- 1915 John S. Meyer
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

MAR 28 1961

NOV 14 1969

296-223-014-693

Form V. S. No. 11-O—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31457

County of Canyon

City of Caldwell R.D. Registration District No. 3 File No.

No. St. Primary Registration District No. 2004 Registered No. 103

Hospital No.

FULL NAME OF CHILD ETTA VIRGINIA BROWN

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	yes	June 23 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Brown	FULL MAIDEN NAME	Florence Williams
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. J. Miller M.D.
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

Filed 6-24 1915 John L. Meyer
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 31457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Etta Virginia Brown (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Etta - Virginia Brown

Subscribed and sworn to before me this 22nd day of August, 19 42

Octavia Lesueur

Notary Public, residing at Burbank, California

My commission expires June 13th, 1944.
(Seal)

X Signed [signature] Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

AUG 24 1942

AUG 25 1942

981-224-014-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon.

City of Middleton

No. ..... St.

Hospital No.

Form V. S. No. 11-C—20m-8-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31458

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 104

FULL NAME OF CHILD DOROTHY EVELYN ALICE RYALS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	June 24 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. J. Ryals	FULL MAIDEN NAME	Clara Schaffer
RESIDENCE	Middleton R.D.	RESIDENCE	Middleton R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

M.D.
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed 7-1- 1915 John S. Meyer
Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 32458

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Evelyn Alice Ryals

Subscribed and sworn to before me this 28th day of October, 19 42.

Notary Public, residing at Portland Ore.

My commission expires

(SEAL)

Signed Estie Marion Ryals

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 19 42.

Notary Public, residing at Portland Ore.

My commission expires

(SEAL)

Signed Mrs. Lorena [illegible]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

[illegible]

(STREET ADDRESS, CITY, STATE)

Received for filing on By Mrs. Abe M. Trout

(REGISTRAR'S SIGNATURE)

NOV 2 1942

281 - 224-014-35-1

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31459

County of Canyon

City of Caldwell — Registration District No. 3 — File No.

No. ____ St. — Primary Registration District No. 1005 — Registered No. 105

Hospital Ute

FULL NAME OF CHILD Baby Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 24 1913

FATHER		MOTHER	
FULL NAME	C Sharp.	FULL MAIDEN NAME	Silva Leavell.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa.	BIRTHPLACE	Kan.
OCCUPATION	Planter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Died- at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller M.D.
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Filed 6-24- 1913 John L. Meyer
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-125-014-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell R.F.D. Registration District No. 3 File No. 31460

No. ..... St.

Primary Registration District No. 2005 Registered No. 106

Hospital No.

FULL NAME OF CHILD Chas. Lewis Allen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 25 1915

FATHER		MOTHER	
FULL NAME	Claud Allen	FULL MAIDEN NAME	Audrey Hand
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-1- 1915 John S. Meyer Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

364-125-014-544

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31461

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 107

FULL NAME OF CHILD JOHN RICHARD COMPTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. C. Compton	Nora Edmondson
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Ark.	Ark.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Cole MD

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-1-1915 John L. Meyer Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 31 '44
County of Ada }

Certificate No. 314 61
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Compton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 23, 1915 (DATE OF EVENT)
in Caldwell, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 31, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	omitted	and Richard
		Compton

Subscribed and sworn to before me this 31st
day of December, 1941.
Ray C. Johnson
Notary Public, residing at Boise Ida
My commission expires June 6, 1944
(SEAL)

Signed Mrs Nora M Compton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of December, 1941.
Ray C. Johnson
Notary Public, residing at Boise Idaho
My commission expires June 6, 1944
(SEAL)

Signed Lloyd W Compton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on Jan 1 1945 By
(REGISTRAR'S SIGNATURE)

384-225-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 31462

Primary Registration District No. 1005 Registered No. 105

Hospital .....

FULL NAME OF CHILD Helen Marie Church

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		1	yes	June 25 1915

FATHER		MOTHER	
FULL NAME	William B. Church	FULL MAIDEN NAME	Edith H. Smith
RESIDENCE	Caldwell	RESIDENCE	Caldwell Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pittsburg Pa	BIRTHPLACE	Joplin Mo
OCCUPATION	Book binder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lee M D

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-25- 1915 John L. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 15 1952

841-128-014-928

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1222 Blaine St.

Hospital

Registration District No. 3 File No. 31463

Primary Registration District No. 1005 Registered No. 109

FULL NAME OF CHILD Henry Nicholas Quast Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Nicholas Quast	FULL MAIDEN NAME	Helen Johann
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hooper, Neb.	BIRTHPLACE	Caldwell, Ida
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Smith D.O.

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Registrar

Filed 6-29-1915 John S. Meyer Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1942

266-201-014-233

Form V. S. No. 11-C—20m-9-15-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 31464

Primary Registration District No. 1005 Registered No. 110

FULL NAME OF CHILD ISABEL ANN BOONE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	July — 1 — 191 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S. Boone	Eunetha St Clair
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Ida.	Wash.
OCCUPATION	Merchant.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-1- 1915 John J. Meyers Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

42

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho · Oregon

County of ~~Canyon~~ Multnomah } ss.

Certificate No. 31464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for unnamed (Isabel Ann Boone) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 1, 1915 (DATE OF EVENT)

in Caldwell Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism cert. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 15th, 1933 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Isabel Ann Boone

Subscribed and sworn to before me this 4th day of Dec, 1942.

O K Deagle

Notary Public, residing at Portland

My commission expires Jan 8, 1944

(SEAL)

Signed Mrs John Boone

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1740 N.E. Irving Portland Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon

County of Multnomah } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Dec, 1942.

O K Deagle

Notary Public, residing at Portland

My commission expires Jan 8, 1944

(SEAL)

Signed Zoe Robb

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2509 N.E. Thurlow Portland Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 8 1942

689-209
020-291

PLACE OF [redacted]

Form V.S. No. 11-C—Rev-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31465

County of Elm

City of Glenn's Ferry Registration District No. 33 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Vera Mary White

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	2.	yes	June 9th 1913

FATHER		MOTHER	
FULL NAME	Robert White	FULL MAIDEN NAME	Eva Branscum.
RESIDENCE	Picabo Idaho.	RESIDENCE	Picabo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 9th 1913 at 3 A M
(Born alive or stillborn)
on the date above stated.

(Signature) J. W. Doors M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed June 10th 1913 J. W. Doors
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

NOV 2 2 1972

847-104-020-264

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 31466

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lyndon Grant Hughes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	June 4th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grant Hughes	FULL MAIDEN NAME	Lilly Bodenhamer
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~America~~ North Platte Nebraska	BIRTHPLACE	~~America~~ Frontier County, Nebraska
OCCUPATION	Fireman Sta Boiler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 4th 1915 at 12:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed June 6 1915 J. W. Davis
Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 9 1942

245-108
025-443

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 39 31468

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD John Ludwig Suebert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Suebert	FULL MAIDEN NAME	Anna Duclas
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Woodwell Wis.	BIRTHPLACE	Locus Iowa
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida

Filed June 15 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KL

[redacted]

APR 1 0 1974

285-110-025-958

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31469

County of Idaho

City of Denver Ida.

Registration District No. 105 File No. 40

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD Howard M. Shears

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Shears	FULL MAIDEN NAME	Pearl Zehner
RESIDENCE	Denver Ida.	RESIDENCE	Denver Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Palastine Ill.	BIRTHPLACE	Robinstin Ill.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida

Filed June 15 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Denver
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Denver
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs. 8 months 15 days

3. **RESIDENCE OF FATHER** (city, state) Denver Ida

4. **FULL NAME OF CHILD** Howard M. Shears

5. Date of Birth of Child (Month, day, year) June 10. 1915

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Shears
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Palestine (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Melissa Gehner
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Robinson (City or town) Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 M. on the date and at the place stated above, and that personal particulars were furnished by ~~Howard~~ George H. Shears (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN Signature Wesley F. Orr M.D. M.D. Midwife Address Cottonwood Date 7-23-45

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-114-025-185

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 41 File No. 31470

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Urban John Drefs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 14 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	Frank Drefs	FULL MAIDEN NAME	Susanah Kyes
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Shelbyan Ills.	BIRTHPLACE	Kilbert Ills.
OCCUPATION	Farming	OCCUPATION	Home wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr Wesley F Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed June 15 1915 H Blake Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10/28/71

258-201-029-813

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31471
Local Reg. No.
Reg. Dist. No. 62

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Lorraine
b. (Middle):
c. (Last): Snyder

4. SEX: F
5a. THIS BIRTH SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born) 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): June 1, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle):
c. (Last): Snyder

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Tenn.
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Donna
b. (Middle): Lee
c. (Last): Hackney

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Tenn
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. F. Tuomy
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Genesee
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: June 12, 1915
22. REGISTRAR'S SIGNATURE: W. H. Ehew
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

2-19-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED Certificate No. 31471

County of ..... MAR 10 1971 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Schnider (Name on Original Certificate) Bureau of Vital Statistics who was born (Was Born or Died) on June 2, 1915 (Date of Event)

in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Lorraine Hattie Snyder (Bible Record, Insurance Policy, Etc.) prepared on 3/4/71 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed Schnider	Lorraine Hattie Snyder
Father's name	James Schnider	James Snyder
Mother's maiden name	omitted	Hackney

Subscribed and sworn to before me this 4th day of MARCH, 1971

Ruth M. Carter

Notary Public, residing at 2740 W. Lincoln - Anaheim Calif.

My commission expires 12-22nd 1971

(Seal)

Signed Lorraine Hackney Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.

County of Orange

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of MARCH, 1971

Ruth M. Carter

Notary Public, residing at 2740 W. Lincoln Anaheim Calif.

My commission expires 12-22-1971

(Seal)

Signed James W. Snyder

(Signature of Any Credible Person)

2754 Bridgeport, Cuckin, Calif

(Street Address, City, State)

OFFICIAL SEAL
RUTH M. CARTER
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My Commission Expires Dec. 22, 1971

2740 W. Lincoln Ave., Anaheim, Calif. 92801

Form DH-60-155

Brith certif. from State of Idaho fro James Wilbert Snyder born Nov. 3, 1916. son of James Snyder and Donna Hackney. Certif. # 43896. Viewed by V. S.

Application to Metropolitan Life Ins. co. gives name as Lorraine Snyder Hassinger. Date of birth June 2, 1916. D ted. Age at this time. 32 years old. Viewed by V. S

Certificate of Baptism from First Christian Church, Johnson City, Tenn. gives name as Lorene Snyder Chauvin. Dated January 18, 1927. Date of birth June 2, 1916. Viewed by V. S.

259-231-029-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 31472

Primary Registration District No. 2142 Registered No. 18

FULL NAME OF CHILD Esther Bershaw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	1	Yes	May (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Bershaw	FULL MAIDEN NAME	Gertrude Romero
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Washington	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Prorry

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 12 1915 W H Ehlen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 24 1954

259-131-029-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 1473

Primary Registration District No. 2142 Registered No. 7

FULL NAME OF CHILD Essel Bershaw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	2	Yes	May 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Bershaw	FULL MAIDEN NAME	Gertrude Kenny
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Pierson
Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 12 1915 W. H. Ehlen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-211-029-238

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 31474

No. ..... St.

Primary Registration District No. 2142

Registered No. 20

Hospital .....

FULL NAME OF CHILD MARIE EDITH Parsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Parsley	FULL MAIDEN NAME	Theresa Schlerk
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 16 1915 W. H. Ehlers Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 31474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Marie Edith Parsley (Birth ~~or Death~~) for Mary T. Parsley (Name on Original Certificate) who was born (Was Born ~~or Died~~) on June 11, 1915 (Date of Event) in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 17, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary T. Parsley	Marie Edith Parsley

Subscribed and sworn to before me this 21st day of March, 1942

Ralph Chatfield
Notary Public, residing at San Diego, Calif.

My commission expires Aug. 24, 1944.
(Seal)

Signed Theresia Parsley Beechler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1942

Ralph Chatfield
Notary Public, residing at San Diego

My commission expires Aug. 24, 1944
(Seal)

Signed R. J. Parsley
(Signature of Any Credible Person Other Than Previous Year)

4401 - 41st St. San Diego, Cal.
(Street Address, City, State)

419-121-031-719

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

[redacted]

Form V. S. No. 12-C—20m-7-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31475

Registration District No. 47 File No. .....

Primary Registration District No. 2134 Registered No. 2 Ca

FULL NAME OF CHILD Willber Kennith Marker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	June 21 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Percy Marker	FULL MAIDEN NAME	Gerthie Pardue
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 0 M. on the date above stated.

(Signature) E. E. Taylor M.D.

(Physician or midwife)

Address Nezperce Idaho

Filed 7-1 1915 J. P. Jones M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1972

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

County of Clearwater

City of Green

No. 253-213-018-214 St.

Registration District No. 47 File No. 31476

Primary Registration District No. 2124 Registered No. 24

Hospital

FULL NAME OF CHILD Vernice Agatha

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	6 13 1915

FATHER		MOTHER	
FULL NAME	Chas H. Bellmont	FULL MAIDEN NAME	Clara Bannister
RESIDENCE	Green	RESIDENCE	Green
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 55 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nezpeca Ida

Filed 7-2 1915 J. P. Jones

Registrar

Registrar

S-Y CO. 24655

[redacted]

APR 2 4 1974

964-229-031-795

PLACE OF BIRTH

[redacted] YDAHO
BUR[redacted]L STATISTICS
[redacted]F BIRTH

Form V. S. No. 11-C—20m-2-15-12

31477

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 25

FULL NAME OF CHILD Baby Roupe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6-29 1915

FATHER		MOTHER	
FULL NAME	O. A. Roupe	FULL MAIDEN NAME	Freda Green
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Misouri	BIRTHPLACE	Misouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce

Filed 7-1 1915 J. P. Jones Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HTRI

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-127-031-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31478

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 23

FULL NAME OF CHILD Earl Wayne Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	6 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dallis Clark	FULL MAIDEN NAME	Grace E. Marker
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Hu

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 30 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19 .....

Address Nezperce Ida

Filed 7-2 1915 J. P. Jones

Registrar

Registrar

S-Y CO. 24655

MAR 2 [illegible] 1942

291-115-035-363

31479

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]TICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 3 [redacted]

Primary Registration District No. 2170 Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Bracket	FULL MAIDEN NAME	Mary Grace Lookwood
RESIDENCE	Lookout Idaho	RESIDENCE	Lookout Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Main	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 12 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gifford Idaho

Filed 6-24 1915 E. E. Watts
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

696-119-035-816

31480

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore, Ida

Registration District No. 92 File No. 3[redacted]

No. ..... St.

Primary Registration District No. 2170 Registered No. 28

Hospital .....

FULL NAME OF CHILD Clyde Frost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June 14th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Frost	FULL MAIDEN NAME	Myrtle Hawks
RESIDENCE	Lenore, Ida	RESIDENCE	Lenore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Harrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gifford Idaho

Filed 6-24 1915 E. E. Watts

Registrar Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-117-008-218

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boise

City of Lardo

No. ..... St.

Hospital .....

Registration District No. 15 File No. 31481

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD Ortis Boydstrum Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 17 1915

FATHER		MOTHER	
FULL NAME	O. J. Hayes	FULL MAIDEN NAME	Florida Boydstrum
RESIDENCE	Lardo	RESIDENCE	Lardo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

(Physician or midwife)

Address McCall, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jul 10, 1915 Ruth McDonald Deputy Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STA
CERTIFICATE OF BI

JUN 4 19
APR 7 1955

314

569-122-008-572

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall

No. _____ St.

Hospital _____

Registration District No. 13 — File No. 31482

Primary Registration District No. _____ Registered No. 40

FULL NAME OF CHILD Elmer Isiah

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	6 22 1915

FATHER		MOTHER	
FULL NAME	Elmer Taylor Ewing	FULL MAIDEN NAME	Edith Hasil
RESIDENCE	McCall	RESIDENCE	Wyoming McCall
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Wyoming
OCCUPATION	Hotel Keeper	OCCUPATION	At Home

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Fawley

(Physician or midwife)

Address McCall, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jul. 10 1915 Ruth McDonald Deputy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1952

768- 217-031-285

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

For [redacted] 25m-1-1-18

31483

Registration District No. 48 File No. 19

Primary Registration District No. 2127 Registered No. .....

FULL NAME OF CHILD Genevieve Gilberta Gwynne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 17th 1913

FATHER	MOTHER
FULL NAME John Jas E. Gwynne	FULL MAIDEN NAME Etta King
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
AGE AT LAST BIRTHDAY 21 (Years)	COLOR White
BIRTHPLACE Wash	BIRTHPLACE Mo
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmore P. Rogers

Physician
(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-22-1913 Elmore P. Rogers
Registrar

8-Y CO. 24858

• MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1994

395-222-031-238

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31484

County of Lewis

City of Reubens

Registration District No. 48 File No. 20

No. ..... St.

Primary Registration District No. 2127 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rachel Ella Isabell Linville

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 22nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Linville	FULL MAIDEN NAME	Goldie Schuler
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Michigan
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Ida.

Filed 7-8-1915 Ellore B. Rogers
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1950

365-101-035-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Snake River Ave. St.

Hospital —

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 31485

Primary Registration District No. 0009 Registered No. 68

FULL NAME OF CHILD — Lon Frederick Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 1, 05

FATHER		MOTHER	
FULL NAME	William A. Long	FULL MAIDEN NAME	Lottie Spencer
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	South Dakota	BIRTHPLACE	Oregon
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 1915 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

MAR 1 5 1957

523-101-035-659

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1706 - 7th ave St.

Hospital

Registration District No. 96 File No. 31486

Primary Registration District No. 1009 Registered No. 69

FULL NAME OF CHILD Archie Wendell ~~Tertling~~ ESLICK

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	1	yes	June 1st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie E. ~~Esslick~~ ESLICK	FULL MAIDEN NAME	Rosa H. Tertling
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:40 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Learason

(Physician or midwife)

Given names added from a supplemental report.

19

Address 510 Main St Lewiston Ida

Filed July 10 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1973

MAR 11 1943

See Cert. # 225700

Dup001915-225700

249-105-035-313

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31487
Local Reg. No. 70
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Walla Walla
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Prescott
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Samuel
b. (Middle): Calvert
c. (Last): Smith

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): June 5, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Robert
b. (Middle): B.
c. (Last): Smith

8. AGE (At time of this birth) YEARS:
9. BIRTHPLACE (State or foreign country) (City or Town):
10. USUAL OCCUPATION:
11. KIND OF BUSINESS OR INDUSTRY: Hardware Store

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maud
b. (Middle):
c. (Last): Calvert

13. AGE (At time of this birth) YEARS:
14. BIRTHPLACE (State or foreign country) (City or Town):
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: L. J. Perkins
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Lewiston, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: July 10, 1915
22. REGISTRAR'S SIGNATURE: L. J. Perkins
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 2 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31488

City of

No. 791-230-014-249 St.

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 32

Hospital

FULL NAME OF CHILD Alice Alilia Prall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		yes	May 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W Prall	FULL MAIDEN NAME	Alta Smith
RESIDENCE	Near Payette Ida	RESIDENCE	With husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys-
(Physician or midwife)

Given names added from a supplemental report

Address Payette Ida

19

Filed 5/31 19

J C Woodward
Registrar

Registrar

S-Y CO. 20174

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31488

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1915 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Alice Alilia Prall

Subscribed and sworn to before me this 10 day of Feb, 1955

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Chas W Prall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 . Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Feb, 1955

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Chas Prall
(Signature of Any Credible Person)

..... (Street Address, City, State)

Bible Record presented Feb. 11, 1955 - shows given name

DPH 52-155

215-1260-19-623

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 31489

Registered No. 33

FULL NAME OF CHILD [illegible] Edward John Baer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 26 1913

FATHER

FULL NAME Ferdinand Baer

RESIDENCE Two miles east of Fruitland, Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Russia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leondina Oster

RESIDENCE Two miles east of Fruitland, Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Russia

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 1915 J. C. Woodward Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-202-014-416

Form V. S. No. 11-C—20m-2-19-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 31490

Primary Registration District No. 1008 **Registered No.** 34

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		yes	June 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Kinaman	FULL MAIDEN NAME	Elmoza Dowling
RESIDENCE	Payette Idaho	RESIDENCE	With husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward MD
Phys —
(Physician or midwife)

Address Payette Idaho

Filed 5/3 1915 J C Woodward
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-108-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4 File No. 31491

No. ..... St.

Primary Registration District No. 1008 Registered No. 35

Hospital .....

FULL NAME OF CHILD Leon Ellison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Everett Ellison	Eva Lou Harris
RESIDENCE	Payette	Payette
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 8 19 15 J. C. Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1942

385-201-014-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Po

No. ..... St.

Hospital .....

Registration District No. 4 File No. 31492

Primary Registration District No. 1008 Registered No. 36

FULL NAME OF CHILD Mary Lee Cheek

Sex of Child	Twin triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	only	7	yes	June 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mack M. Cheek	FULL MAIDEN NAME	Laurie E Cockrum
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Alegania Co N Carolina	BIRTHPLACE	Surry Co N Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Barton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed June 19 1915 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 31492

2 50 PM '77

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Cheek (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1915 (Date of Event)

in Payette (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Mary Lee Cheek

Subscribed and sworn to before me this 14th day of March, 1977

Notary Public, residing at Payette

My commission expires 8-15-78

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1440 N. E. 223rd Ave.

(Street Address, City, State)

Troutdale, Oregon 97060

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1977

Notary Public, residing at Payette

My commission expires 8-15-78

(Seal)

Signed [signature]

(Signature of Any Credible Person)

922 No. 6th St. Payette Idaho

(Street Address, City, State)

FORM DH 60-155

In office 2-25-77 no corresp. fc

High School Diploma issued by the Payette High School of Payette, Idaho. This diploma gives name as Mary Lee Cheek, graduated May 19, 1933.
Viewed by V.S.

APR 21 1976

Family Bible Record gives name as Mary Lee Cheek born June 1, 1915, in Canyon County. Family Bible record obviusly old.
Viewed by V.S.

Amended 3-28-61

PLACE OF BIRTH

983-228-014-689

County of Canyon

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 31493

Primary Registration District No. 1008 Registered No. 37

FULL NAME OF CHILD Florence Virginia Richardson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 28, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. Richardson	FULL MAIDEN NAME	Mary Whitman
RESIDENCE	Ill.	RESIDENCE	Ill.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch, M.D.

(Physician or midwife)

Address Payette, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed June 10, 1915 J.C. Woodward

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois
County of Boone } ss.

Certificate No. 31493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for May Richardson (Name on Original Certificate) who born (Was Born or Died) on May 28 1915 (Date of Event)
in Lafayette Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Complete Whitman genealogy (Bible Record, Insurance Policy, Etc.) prepared on over 25 Years 1827 to date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	May	Florence ~~Richardson~~ Virginia Richardson

Subscribed and sworn to before me this 24th
day of February, 1961

Ellen M Atkins
Notary Public, residing at 1014 S State St. Belvidere

My commission expires Sept 27, 1962
(Seal)

Signed Mrs. Bessie Whitman Walz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1015 E Lincolnave Belvidere, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois
County of Boone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of February, 1961

Leigh T Johnson
Notary Public, residing at Belvidere Ill

My commission expires 11/29/1964
(Seal)

Signed Mrs. Winifred E. Mackey
(Signature of Any Credible Person Other Than Previous Year)

437 Whitman St Belvidere Ill.
(Street Address, City, State)

Statement from Belvidere High School, Belvidere, Illinois, Virgil E. McAllister, Principal -states- This is to certify that according to our records, Florence Virginia Richardson was born May 28, 1915 in Payette, Idaho. Her father was Martin Richardson.. Florence graduated from Belvidere High School June 16, 1933." - viewed by V.S.

State of Illinois, Certificate of Marriage, June 15, 1940 gives full name of groom as Harry Arthur Johnson and full maiden name of bride as Florence Virginia Richardson - viewed by V.S.

Certified copy of Own Child's Birth Certificate, State of Illinois, filed Dec. 10, 1948 gives full name of child as Richard Arthur Johnson, born Nov. 13, 1948 at Belvidere, Illinois to Harry Arthur Johnson and Florence Virginia Richardson - Vol. #22 Births - Cert. #9700 - viewed by V.S.

445-211-014-681

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

ATE OF IDAHO
OF VITAL STATISTICS

TIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 31494

No. ..... St.

Primary Registration District No. 1008

Registered No. 38

Hospital .....

FULL NAME OF CHILD Beatrice Mattyler Dunn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	one		5	3 yr	June 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E G Dunn	FULL MAIDEN NAME	Mattie Wozant
RESIDENCE	Payette	RESIDENCE	~~Greenwood Co Kan~~ Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Randolph Co Mo	BIRTHPLACE	Greenwood Co Kans
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Barton MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 17 1915 J C Woodward Registrar

..... Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 1942

331-227-028-234

Form V. S. No. 11-C—15m-6-20-11

[redacted]E OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Kootenai

City of Athol

Registration District No. 12

File No. 31495

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 804

Hospital .....

FULL NAME OF CHILD Dorothy Creiz Clark

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 27 (Year) 1915
F		Yes	

FATHER		MOTHER	
FULL NAME	Amy Clark	FULL MAIDEN NAME	Ruby Studley
RESIDENCE	Spirit Lake	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn.	BIRTHPLACE	Kan
OCCUPATION	Sawyer	OCCUPATION	Her

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Rathdrum

Filed 6/10 1915 D D Drennan Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-228-028-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Spokane

City of Spokane Bridge Registration District No. 12 File No. 31496

No. ....., ... St.

Primary Registration District No. 2051 Registered No. 803

Hospital .....

FULL NAME OF CHILD Neufriel Marie Diener

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 28 (Year) 1915
F		Yes	

FATHER		MOTHER	
FULL NAME	Chas W Diener	FULL MAIDEN NAME	Marie Maclin
RESIDENCE	Spokane Bridge	RESIDENCE	"
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	" AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address P

Filed 6/20 1915 D D Freeman Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

963-228-028-963

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview

No. _____ St.

Hospital _____

Registration District No. 12 File No. 31498

Primary Registration District No. 2051 Registered No. 801

FULL NAME OF CHILD Margaret Rocich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Rocich	FULL MAIDEN NAME	Dora Rocich
RESIDENCE	Bayview, Idaho	RESIDENCE	Bayview, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida.

Filed 6/10 1915 D D Drummond Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-220-028-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. _____ File No. 31490

No. _____ St.

Primary Registration District No. _____ Registered No. 800

Hospital _____

FULL NAME OF CHILD Blanche C. Melder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gustave E. Melder	FULL MAIDEN NAME	Clara Belle McCarney
RESIDENCE	Rathdrum Ida R.R. 2	RESIDENCE	Rathdrum Ida R R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	N. J.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Ida

Filed 6/10 1915 D D Drennan
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1975

893-220-028-249

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 17 File No. 31500

No. ____, ____ St.

Primary Registration District No. 2051 Registered No. 799

Hospital ____

FULL NAME OF CHILD Milda Bella Hite

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 20, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Hite	Lena Smith
RESIDENCE	Post Falls R F D	"
COLOR	Cr	"
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Iowa	Wis
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L S Duncan M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6/10 1915 ____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 0 1942

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

231-219-028-527 Registration District No. 17 File No. 31501

No. ..... St.

Primary Registration District No. 2057 Registered No. 798

Hospital .....

FULL NAME OF CHILD Leonida Amalia Scarcello

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 19. 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antonio Scarcello	Giuseppina Esposito
RESIDENCE	Rathdrum, Ida.	Rathdrum, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Italy	Italy
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Young

Physician

(Physician or midwife)

Address Rathdrum, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/10 1915 D. D. Drennan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1960

APR 2 8 1969

165-116-028-792
165-216-028-792

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Belmont

Registration District No. 12

File No. 31502

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 797

Hospital

FULL NAME OF CHILD Donna Jones

Sex of Child: Male / Female	Twin, Triplet, or other? 1 and Number in order of birth 4 Boy Girl (To be answered only in event of plural births)	Legitimate? Yes	Date of birth May (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Jones	FULL MAIDEN NAME	Emma Gibbons
RESIDENCE	Belmont	RESIDENCE	"
COLOR	W	COLOR	"
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind.	BIRTHPLACE	Kan
OCCUPATION	Farm Labor	OCCUPATION	Hw

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 6/10 1915 D D Drennan

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-116-028-792

PLACE OF BIRTH

STATE OF IDAHO [redacted] No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Bellevue

Registration District No. 17 File No. 31503

No. ____, ____ St.

Primary Registration District No. 2017 Registered No. 796

Hospital ____

FULL NAME OF CHILD Donald EARL Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 16, 1911

FATHER	MOTHER
FULL NAME JOHN Franklin Jones	FULL MAIDEN NAME EUNICE MAY GIBBONS
RESIDENCE Bellevue	RESIDENCE "
COLOR W AGE AT LAST BIRTHDAY 26 (Years)	COLOR " AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Kans
OCCUPATION Farm Labr	OCCUPATION Hse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) D. D. Brennan M.D.

(Physician or Midwife)

Address Bellevue Ida

Filed Dec 6 1915 D. D. Brennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana } ss. Certificate No. 31503
County of Madison } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Donald Jones (Name on original certificate) who born (Was born or died) on May 16th 1915 (Date of event)
in Athol Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on May 20th 1915 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name of child	Donald J.	Donald Earl Jones
Mother's name	Eunice Gibbons	Eunice May Gibbons
Father's name	Frank Jones	John Franklin Jones

Subscribed and sworn to before me this 10th
day of May 1941
Notary Public, residing at Virginia City Montana
My commission expires March 20, 1943
[SEAL]

Signed Eunice May Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Virginia City Montana
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Montana } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of May 1941
Notary Public, residing at Virginia City Montana
My commission expires March 20, 1943
[SEAL]

Signed J. Frank Jones
(Signature of any credible person other than the previous affiant)
Virginia City Montana
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

2 [illegible] 5/18/41. [illegible]

813-210-028-583

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1V File No. 31504

Primary Registration District No. 2051 Registered No. 745

FULL NAME OF CHILD Edith Rae Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	May 10, 1915

FATHER		MOTHER	
FULL NAME	George F. Hatch	FULL MAIDEN NAME	Mary E. McKay
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/10 1915 D. D. Freeman Registrar

S-Y CO. 24685

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 6 1973

19 Address

Filed 19

248-129-042-248

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital ✓

Registration District No. 37

File No. 31505

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD ✓ Smyth -

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	March 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest P Smyth	FULL MAIDEN NAME	Alice D. Smyth
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bathurst N.B. Canada	BIRTHPLACE	Bathurst N B Canada
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1-30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 6-1 1915 Johnst Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING

READING COPY - THIS IS A PERMANENT REC

[redacted]

239-113-042-231

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31506

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Stanley Oroille Stroshal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	4-13-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno L. Stroshal	FULL MAIDEN NAME	Vera Black
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	W, AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Moline Ill,	BIRTHPLACE	Demoine Iowa
OCCUPATION	Rancher	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Stroshal

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed June 1 1915 Joseph Coughlin Registrar

S-Y CO. 24655

713-202-042-317

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31507

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Vera Louise Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Chester Palmer	FULL MAIDEN NAME	Mollie Cagle
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Indiana	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 10 1915 Johnt Caughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1958

513-102-042-197

m V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 37

File No. 31508

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD KENNETH EDISON Eaton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. L. Eaton	FULL MAIDEN NAME	Myrtle Argyle
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed May 10 1915 Johnt Coughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Diego } ss.

Certificate No. 31508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Edison Eaton (Name on Original Certificate) who Born (Was Born or Died) on May 2, 1915 (Date of Event)
in Kimberly, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	
Kenneth Edison Eaton		

Subscribed and sworn to before me this 11 day of May, 1942

Geo G Waite
Notary Public, residing at El Cajon Calif
My commission expires My Commission Expires June 7, 1944
(Seal)

Signed Pearl E. Eaton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Bx 715 El Cajon California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of May, 1942

Geo G Waite
Notary Public, residing at El Cajon Calif
My commission expires
(Seal)

Signed L. C. Eaton
(Signature of Any Credible Person Other Than Previous Year)
R.1. El Cajon California
(Street Address, City, State)

MAY 15 1942

MAY 16 1942

469-103-042-434

PLACE OF BIRTH amended 1/7/80

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Berger

No. ..... St.

Hospital .....

Registration District No. 37

File No. 31509

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Carl Franklin Doramus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chancie L. Doramus	FULL MAIDEN NAME	Jessie McMullen
RESIDENCE	Berger Idaho	RESIDENCE	Berger Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Mgr. Clover Huller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed May 10 1915 Johnt Coughlin
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT. 9 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 24 3 53 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31500

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Doremus (male) (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1915 (Date of Event)
in Berger, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Doremus	Carl Franklin Doramus
father's last name	Doremus	Doramus

Subscribed and sworn to before me this 22 day of
August, 1979
Notary Public, residing at Weiser, Idaho
My commission expires 11/14/81
(Seal)

Signed V. H. Doramus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL12/19/78 1cc pd. ret's $1 check

Family Bible record give name as Carl Franklin Doramus born May 3, 1915. vieed by V. S.

JAN 7 1980

Insurance policy from Grange Mutual Life Co. gives name as Carl Frank Doramus dated Nov 2, 1963. Policy No. 26- 513.viewee by VS

142-249
143-249

Amended 10-16-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31510
Local Reg. No.
Reg. Dist. No. 37

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho
b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rock Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ola
b. (Middle): Mae
c. (Last): Austin

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 9, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): William
b. (Middle): J
c. (Last): Austin

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): N. C.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Virginia
b. (Middle):
c. (Last): Kincaid

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): N. C.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. W. Clouchek

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 15, 1915

22. REGISTRAR'S SIGNATURE: John F. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

...r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...SION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. 31510

Date Filed

RECEIVED SEP 21 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Austin (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1915 (Date of Event)

in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ola Mae Austin
Child's Date of Birth	May 10, 1915	May 9, 1915

Subscribed and sworn to before me this 4th day of September, 1964

Frank T. Horth

Notary Public, residing at Kimberly, Idaho

My commission expires July 15, 1968

(Seal)

Signed Emma Austin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hansen Idaho R.F.G.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September, 1964

Frank T. Horth

Notary Public, residing at Kimberly, Idaho

My commission expires July 15, 1968

(Seal)

Signed R. A. Bean

(Signature of Any Credible Person)

Rt. 2 Kimberly Idaho

(Street Address, City, State)

FORM DH 60-155

CL 9-2-64. ~~nm~~ one copy pd. rec. #4571.

Statement from Robert Sherman, Supt. of Schools, Kimberly Public Schools, Kimberly, Idaho, statement written Sept. 4, 1964 - states "This is to certify that Mrs. Joe Braun, whose maiden name is Ola Mae Austin was enrolled in the Kimberly High School. The school has records of Mrs. Braun from the year 1929. The records show that Mrs. Braun was born May 9, 1915." - viewed by V.S.

Not. Statement from Mrs. Barbara Pohl, Medical Record Department, Magic Valley Memorial Hospital, Twin Falls, Idaho statement written Oct. 8, 1964 - states "

RE: Mrs. Ola Mae Braun
222 4th Street West
Twin Falls, Idaho

The above named patient was admitted to this hospital on June 28, 1949. At that time she gave her date and place of birth to be May 9, 1914, at Hansen, Idaho. She stated her fathers name was Wm. Austin, and her mothers maiden name as Kincaid." - viewed by V.S.

415-117-042-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31511

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	5 17 1915

FATHER		MOTHER	
FULL NAME	Clinton J. Davidson	FULL MAIDEN NAME	Hester Shelladay
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ia	BIRTHPLACE	Kans.
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Loudek

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

19

Registrar

Filed May 25 1915 Robert Creighen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF

812-119-042-351

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 31512

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Hastings ALVIN FRANK HASTINGS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	May 19th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Hastings	FULL MAIDEN NAME	Viola Leasure
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Kans.
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Lonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed May 30 1915 Robert Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 31512

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Unnamed Hastings (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Hastings	Alvin Frank Hastings
Birthdate	May 18, 1915	May 19, 1915

Subscribed and sworn to before me this 8 day of August, 1942

[illegible]

Notary Public, residing at Buhl, Idaho

My commission expires 10/8/42

(Seal)

Signed Viola May Hastings

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Buhl, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 17 1942

JUL 5 1973
JUN - 9 1975

AUG 2 1 1942

65-5-115-042-865

Amended 10-10-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31513
Local Reg. No.
Reg. Dist. No. 37

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Carl b. (Middle): Milton c. (Last): O'Neal

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 18, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Guy b. (Middle): c. (Last): O'Neal

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Springdale, Ark.

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Corrine b. (Middle): c. (Last): Hoch

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Pinebluff, Ark.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Duncan L. Alexander

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 30, 1915

22. REGISTRAR'S SIGNATURE: John F. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 19 1966 Bureau of Vital Statistics

State of IDAHO } ss.
County of Minidoka }

Certificate No. 31513

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed O'Neil (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed O'Neil	Carl Milton O'Neal
Father's Last Name	O'Neil	O'Neal
Mother's Maiden Name	Corrine Hock	Corrine Hoch

Subscribed and sworn to before me this 8th day of July, 19 66

Notary Public, residing at Rupert, Idaho

My commission expires Feb. 28, 1970

(Seal)

Signed Willis E. Card
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Rupert, Idaho 83350
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 19 66

Notary Public, residing at Rupert, Idaho

My commission expires Feb. 28, 1970

(Seal)

Signed Ina Westerlee
(Signature of Any Credible Person)

718 5th St., Rupert, Idaho 83350
(Street Address, City, State)

FORM DH 60-155

CL 5-9-66. one copy pd. rec. #11247.

Consolidated American Life Insurance Policy, dated July 6, 1956, policy no. 1613 gives full name of insured as Carl Milton O'Neal, age 41 - beneficiary is given as Minnie Lee O'Neal - viewed by V.S.

Membership Records-First Baptist Church, El Campo, Texas, baptized April 1, 1951 gives full name as Carl Milton O'Neal, born May 18, 1915 - viewed by V.S.

Photo Copy of original Social Security Application, dated Dec. 5, 1936, #467-01-2229 gives full name as Carl Milton O'Neal, born May 18, 1915 at Twin Falls, Idaho to Guy William O'Neal and Corrine Hoch - viewed by V.S.

State of Arkansas, County of Washington, Marriage License and Certificate, married Feb. 27, 1913 gives full name of groom as Guy O'Neal and full name of bride as Miss Corrinne Hoch - viewd by V.S.

Amended April 8, 1952

PLACE OF BIRTH

553-222-042-763

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31514

Primary Registration District No. 2080 Registered No.

FULL NAME OF CHILD MYRTLE UORDA NELSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5 - 22 - 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. L. Nelson	FULL MAIDEN NAME	Genia Polson
RESIDENCE	Kimberly	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek

physician
(Physician or midwife)

Address Twin Falls

Filed June 10 1915 John Couglins
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
1952
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 31514
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Myrtle Vorda Nelson (Name on Original Certificate) who Born (Was Born or Died) on May 22, 1915 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME OF CHILD	Myrtle Vorda Nelson	Myrtle Uorda Nelson

Subscribed and sworn to before me this 10 day of March, 1952

[signature]
Notary Public, residing at Seattle, Wash.
My commission expires Aug 4, 1955
(Seal)

Signed Homer E. Howard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2331 No. 95 Seattle 3, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of March, 1952

[signature]
Notary Public, residing at Seattle, Wash.
My commission expires Aug 4, 1955
(Seal)

Signed A. L. Aitkins
(Signature of Any Credible Person)
2369-Eastlake Ave Seattle, Wash.
(Street Address, City, State)

296-101-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 441 4th av N St.

Hospital

Registration District No. 37

File No. 31515

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Don C. Brown Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 1 1915

FATHER		MOTHER	
FULL NAME	Don C. Brown	FULL MAIDEN NAME	Salome Smith
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Provo, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Manager. Idaho Lt. & Power Co	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed May 10 1915

Johnson Crighton
Registrar

Registrar

S-Y CO. 24655

AUG 29 1967

753-202-042-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 612 Main W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31516

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Berniece Eleanor Peterson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Peterson	FULL MAIDEN NAME	Carrie Barrington
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Copenhagen, Denmark	BIRTHPLACE	Yankton, South Dakota
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.10 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 10 1915 Johnt Caughlin Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 27 1949

753-202-042-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31517

County of Twin Falls

City of " "

No. 612 Main Ave N St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Burnas Lanelle Peterson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Peterson	FULL MAIDEN NAME	Carrie Barington
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Copenhagen, Denmark	BIRTHPLACE	South Dakota (Yankton)
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 - am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 10 1915 Robert Caughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1949

415-102-042-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31518

County of Twin Falls

City of " "

No. 328 5th Ave E St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Howard Martin Davis

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilbur E. Davis	FULL MAIDEN NAME	Myrtle Baile
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Clerk - (delivery)	OCCUPATION	—

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 780 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 10 1915 Robert Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Selective Service Notice of Classification, Jan. 4, 1945, order no. 1579, class 2-B gives full name as Howard Martin Davis - viewed by V.S. and Social Security Card, #540-22-3996 gives full name as Howard Martin Davis - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Yamhill

Certificate No. 31518

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Davis (Name on Original Certificate) who born (Was Born or Died) on May 2, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record & Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Bible Record May 2, 1915 Ins. Policy birth date May 2, 1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Howard Martin Davis

Subscribed and sworn to before me this 24th day of March, 1961

Annabel Sauter

Notary Public, residing at McMinnville, Oreg.

My commission expires March 29, 1962

(Seal)

Signed: [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

840 Yamhill St. McMinnville, Oreg.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Yamhill

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1961

Annabel Sauter

Notary Public, residing at McMinnville, Oreg.

My commission expires March 29, 1962

(Seal)

Signed W E Davis Sr

(Signature of Any Credible Person)

840 Yamhill St McMinnville

(Street Address, City, State)

FORM DRH 55 [illegible] UNCL 12-11-58. nm

APR 13 1961

122-101-042-499

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31519

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Lester Arnold Abshear

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arch Abshear	FULL MAIDEN NAME	Alice Urie
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Colorado
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida.

Filed May 10 1915 John F. Conglaba
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

691-205-042-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31520

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Margaret Ruth Frazelle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Plato Durman Frazelle	FULL MAIDEN NAME	
RESIDENCE	Twin Falls Idaho	RESIDENCE	Mary Atha King
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Gum Branch N. C.	BIRTHPLACE	Gum Branch N. C.
OCCUPATION	Laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Wm A Swenson
(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed May 10 1915 John H Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

315

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
FEB 8 8 28 AM '74

State of IDAHO
County of Twin Falls } ss.

Certificate No. 31520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1915 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on August 7, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Margaret Ruthe Frazell

Subscribed and sworn to before me this 2nd day of February, 1974

Notary Public, residing at Lakewood, California
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1974

OFFICIAL SEAL
JUDY K. MAPLES
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Oct. 26, 1974

Notary Public, residing at Lakewood, California
My commission expires Oct. 26, 1974
(Seal)

Signed Marian Andrews
(Signature of Any Credible Person)

5519 Hazelbrook Ave.
Lakewood Cal. 90712
(Street Address, City, State)

Certificate of Blessing from LDS Church gives name as Margaret Ruth Frazelle daughter of Plato D. Frazelle and Mary A. King. born May 5, 1915. Was Blessed June 26, 1915. Was born as Twin Falls, Idaho. APR 9 1974
Viewed by V. S.

JUN 2 0 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Margeret Ruth Frazell daughter of Plaoto D. Frazell and Mary A. King. May 5, 1915 at Twin Falls, Idaho. Was Baptized Aug. 4, 1923. Viewed by V. S. APR 5 1976

213-203-042-959

31521

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Lavon St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 3

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Catherine Bacon

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos. Clyde Bacon	FULL MAIDEN NAME	Alice C Reid
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Rossville Kans
OCCUPATION	Stockman	OCCUPATION	Hwf

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed May 15 1915 John H. Coughlin

Registrar

S-Y CO. 24655

459-127-042-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 327-5 Ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31522

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Meigs. Louis Bronson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	May 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C.D. Meigs.	FULL MAIDEN NAME	Louise Dorrow
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Mich.
OCCUPATION	Implement dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 6 Number of children of this mother now living, including present birth 5 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 69 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Lonsbek

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed June 10 1915 Robert Coughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

667-103-042-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31523

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD LAWRENCE EDWARD Fox JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 3 191[illegible]

FATHER		MOTHER	
FULL NAME	L. E. Fox	FULL MAIDEN NAME	Carrie Jenne
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Texas	COLOR	White
OCCUPATION	Laundryman	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 19 15 Johnt Coughlin Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana
County of Yellowstone } ss.

APR 21 1943

Certificate No. 31523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawrence Edward Fox, Jr. (Name on Original Certificate) who was Born (Was Born or Died) on April 3, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lawrence Edward Fox, Jr.

Subscribed and sworn to before me this 17th day of March, 1943.

Notary Public, residing at Billings, Mont.

My commission expires Dec 9th 1944
(Seal)

Signed Mrs. Thurza Fairburn (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 So. 28th St., Billings, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2

815-118-042-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31524

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Hand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 18 1915

FATHER		MOTHER	
FULL NAME	Bert Hand	FULL MAIDEN NAME	Florence James
RESIDENCE	Twin Falls Idaho.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Pike
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed June 1 1915 John S Coughs
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-227-042-646

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 31525

No. 412 - 2nd Ave E

Primary Registration District No. 1085

Registered No.

Hospital ✓

FULL NAME OF CHILD Catherine ZITA Cooney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	4-27-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. J. Cooney	FULL MAIDEN NAME	Katherine O'Donnell
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	W — AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Denver Colo —	BIRTHPLACE	Donegal Ireland
OCCUPATION	Plumber —	OCCUPATION	Hwf —

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.35 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

(Physician [redacted])

Given names added from a supplemental report.

Address Twin Falls

Filed June 1 1915 John T. Coughlin Registrar

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31525

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Katherine	Catherine Zita Cooney

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Mary A. Cooney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of October, 1942

Signed E G Will
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Seattle

My commission expires Jany 5 1945
(Seal)

6105 Roosevelt way Seattle Wash
(Street Address, City, State)

NOV 14 1966

NOV 9

659-2[illegible]3-042-769.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31526

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Elizabeth Fricht

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W. Fricht	FULL MAIDEN NAME	Alma Gorrell
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Ida

Filed June 1 1915 John L. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-20-4042-799

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31527

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD OPAL MAE Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 4 1915

FATHER		MOTHER	
FULL NAME	Alton L. Henry	FULL MAIDEN NAME	Maude Simmerman
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Pike

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 1915 Johnst Coughlan Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 31527

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Opal Mae Henry (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Opal Mae Henry

Subscribed and sworn to before me this 12th.
day of December, 1942.

F.R. Mann
Notary Public, residing at Jerome, Idaho
My commission expires Oct. 19th. 1946
(Seal)

Signed Maude Henry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th.
day of December, 1942.

Jo Roland
Notary Public, residing at Jerome, Idaho
My commission expires Jan 12, 1944
(Seal)

Signed F.R. Mann
(Signature of Any Credible Person Other Than Previous Year)

Jerome Idaho
(Street Address, City, State)

DEC 1 0 1942

JAN 2

791-123
004-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31528

County of Oneida Lake

City of Montpelier

Registration District No. 52

File No.

No. ——— St.

Primary Registration District No. 2131

Registered No.

Hospital ———

FULL NAME OF CHILD Anderson Graff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gustav Graff	FULL MAIDEN NAME	Lydia Anderson
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Denmark
OCCUPATION	Machinist	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn

physician (Physician or midwife)

Address Montpelier Idaho

Filed June 30th 1915 H. H. King Md Registrar

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-217-004-342

PLACE OF BIRTH

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 31529

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital —

FULL NAME OF CHILD June Margaret Bagley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hugh George Bagley	FULL MAIDEN NAME	Ruth May Tubbs
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Ranchers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Harrison Lynn
physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed June 30 1915 H H Kenyon
Registrar

Registrar

8-Y CO. 20174

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
NOV 2 51970
Bureau of Vital Statistics

Certificate No. 31529

Date Filed 6-30-15

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)

for Unnamed Bagley (Female) who was born on June 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Bagley	June Margaret Bagley
Dated of birth	June, 1915	June 12, 1915

Subscribed and sworn to before me this 24 day of Nov., 19 70

Notary Public, residing at Paris, Idaho

My commission expires Dec. 72

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 11/20/70 1cc pd. rec #4170

Certificate of Blessing from LDS Church gives name as June Margaret Bagley daughter of Hugh Georg Bagley and Rutha May Tubbs. Born June 12, 1915 at Montpelier, Idaho. Was blessed Aug. 1, 1915 by John Bagley. Signed by. Lloyd S. Dowcott, Bishop. Viewed by V. S.

DEC 21 1970

Family record (dated Aug. 16, 1953) gives child's name as June Margaret Bagley born June 12, 1915 at Montpelier, Idaho. father's name George Hugh Bagley and mother's name as Rutha May Tubbs. Viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31530

County of Bear Lake

City of (Dingle Precinct)
Montpelier

No. 513-218-004-235

Registration District No. 5r

File No.

Primary Registration District No. 2,136

Registered No.

Hospital

FULL NAME OF CHILD Ellen nate

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 18 1915

FATHER	MOTHER
FULL NAME Sampson nate	FULL MAIDEN NAME Della Stephens
RESIDENCE	RESIDENCE
COLOR white AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Dingle	BIRTHPLACE Bennington
OCCUPATION rancher	OCCUPATION housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:55 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lynn
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed June 30 1915

Given names added from a supplemental report

.....19.....

.....
Registrar

B-Y CO. 20174

.....
Registrar

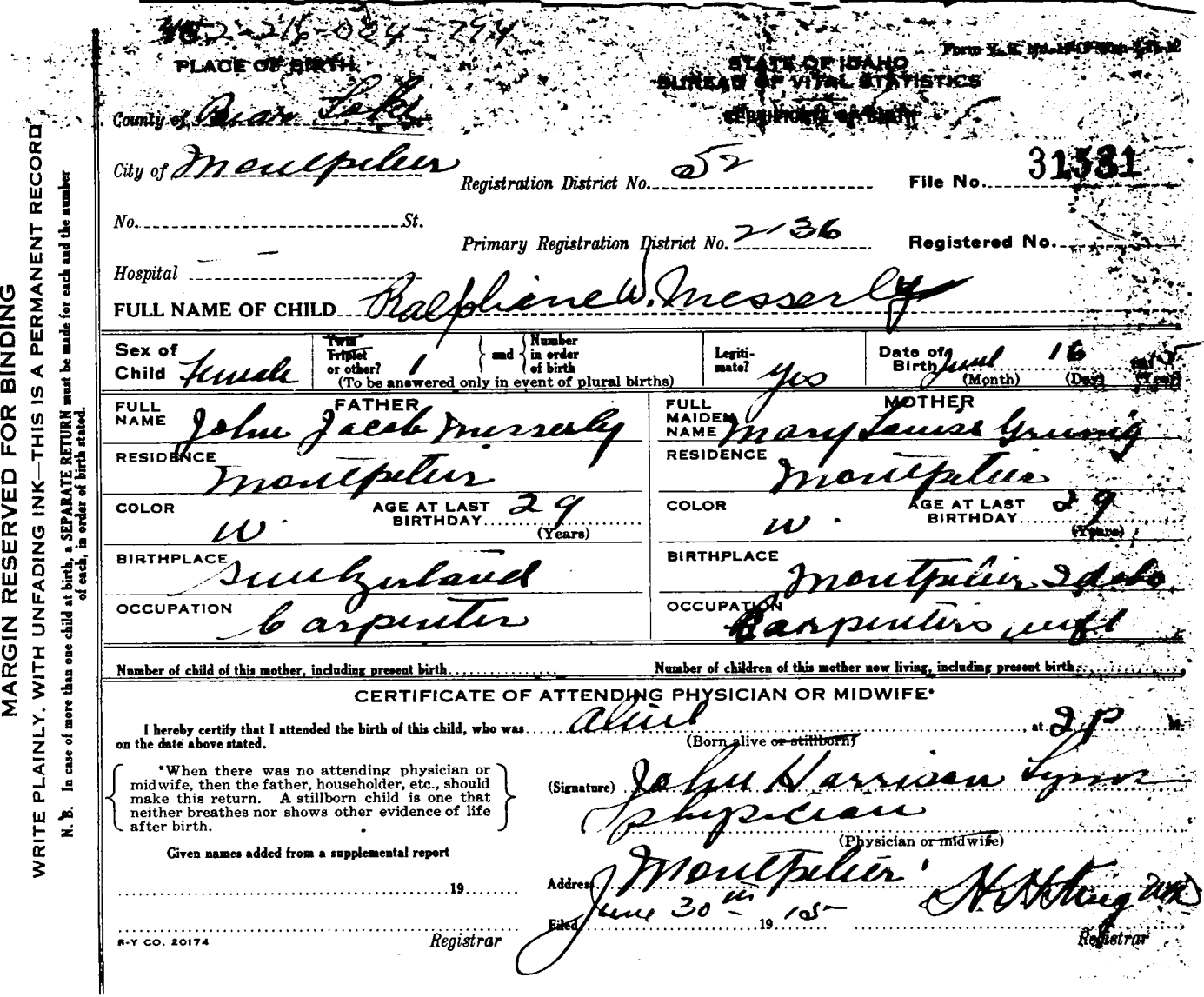
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1975

MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-216-024-794

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Bear Lake

City of Montpelier Registration District No. 52 File No. 31581

No. ..... St. Primary Registration District No. 2136 Registered No. .....

Hospital —

FULL NAME OF CHILD Ralphine W. Messerly

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		Yes	June 16 (Month) (Day) 15 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Jacob Messerly	FULL MAIDEN NAME	Mary Louise Grunig
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Carpenter	OCCUPATION	Carpenters wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Harrison Lynn
physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed June 30th 1915

H. Hitting M.D.
Registrar

R-Y CO. 20174

JUN 19 1941

666-207-004-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31532

County of Bear Lake

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Agnes Mae Woodbury

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert W. Woodbury	FULL MAIDEN NAME	Laura Woolum
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier Ida.
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Ohio.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Wesley Lyman

physician (Physician or midwife)

Address Montpelier Idaho

Filed June 30th 1915 H. H. Hung M.D. Registrar

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] orm V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31533

County of Bear Lake

City of Montpelier

245-125

No. 004-243 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Merlin David Kunz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. Jacob Kunz	FULL MAIDEN NAME	Emma Sutter
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn M. D.

physician (Physician or midwife)

Address Montpelier Idaho

Filed June 30th 1915 [signature] Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

JUL 17 19

719-225-004-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31534

County of Bear Lake

City of Bennington

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Rebecca June Parker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1 (To be answered only in event of plural births)		yes	May 25 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jared Parker	FULL MAIDEN NAME	Marian Irish Lindsay
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn M. D.

physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Mount Pelier H. H. King M.D.

Filed June 30 1915

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 3 1942

168-202-004-884

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

Registration District No. 52 **File No.** 31535

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	May 2 1915

	FATHER		MOTHER
FULL NAME	I Johnson	FULL MAIDEN NAME	M. Hyman
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ovid	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alma (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gust Ouley

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 30th 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-102-004-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 31536

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May 2 (Month) (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Richard George	FULL MAIDEN NAME	Mary J. Brown
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	60
BIRTHPLACE	Meridian Etats	BIRTHPLACE	Mexico
OCCUPATION	Labor	OCCUPATION	W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 30th 1915 S. H. Kenig M.D. Registrar

R-Y CO. 20174

WRITE ...NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-223
008-362

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31537

County of Boise

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. 1010

File No. _____

Registered No. _____

FULL NAME OF CHILD ILLA LUCILLE FULLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	June 23 1940

FATHER		MOTHER	
FULL NAME	Fred Fuller	FULL MAIDEN NAME	Hulda Casper
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Home

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) B. O. Cluff M.D.

(Physician or midwife)

Address Emmett

Filed 7-3- 19 15 J. L. Reynolds Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 31537

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Smith (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on January 23, 1915 (DATE OF EVENT)
in Montour, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Illa Lucille Fuller

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Burton O Clark
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

Veteran Ada Co Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Amended 1-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31538
Local Reg. No. 54
Reg. Dist. No. 123

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elva b. (Middle): Margaret c. (Last): Lehtola

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F.	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 5, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Waino b. (Middle): c. (Last): Lehtola

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Finland	Miner	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Fannie b. (Middle): c. (Last): Jarkko

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
30 YEARS	Finland	3	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kellogg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6/22/1915

22. REGISTRAR'S SIGNATURE: Geo. S. Lesher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 22 1965 Vital Statistics

State of Idaho
County of Kootenai } ss.

Certificate No. 31538

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elvi Margaketa Lehtole (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1915 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Elvi Margaketa Lehtole	Elva Margaret Lehtola
Full name of father	Waino Lehtole	Waino Lehtola

Subscribed and sworn to before me this 8th day of Nov., 19 65

Notary Public, residing at Coeur d'Alene

My commission expires 7-30-68

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Nov., 19 65

Notary Public, residing at Coeur d'Alene

My commission expires 7-30-68

(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155

Kootenai County, Co ur d'Al ne, Idaho, School Record Statement, Arleda Jakopson, Deputy - dated Oct. 18, 1965 gi states "The census report of 1928, now on file in the Kootenai County Courthouse shows that El a Lehtola was listed in the records of Sc ool District No. 16 - Dudley, Kootenai County, Idaho. At that time her age was listed as 13 years = census taken Sept. 19, 1928 - viewed by V.S.

Application Form, Missoula Mercantile Co., Missoula, Mon ana, gives full name as Elva M. Elstone, age 33, born June 5, 1915 at Pin Creek, Idaho - parents names are given as Waino Lehtola and Fannie Jarrkko - viewed by V.S. application dated Oct. 4, 1945 -

485-225-040-955

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31540

Registration District No. 123 File No. 54

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Gertrude ~~Alex~~ E Dyer.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	May 25 1915

FATHER		MOTHER	
FULL NAME	Albert E. Dyer	FULL MAIDEN NAME	Lillian Renfrey
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 1915 Geo. S. Lesher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/26/41

632-123-040-859

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31541

Registration District No. 123 File No. 57

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Gussie Evelyn Olson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	Yes	May 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank August Olson.	FULL MAIDEN NAME	Susan M. Heim
RESIDENCE	Kingston.	RESIDENCE	Kingston,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mine	BIRTHPLACE	Penn.
OCCUPATION	Road overseer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

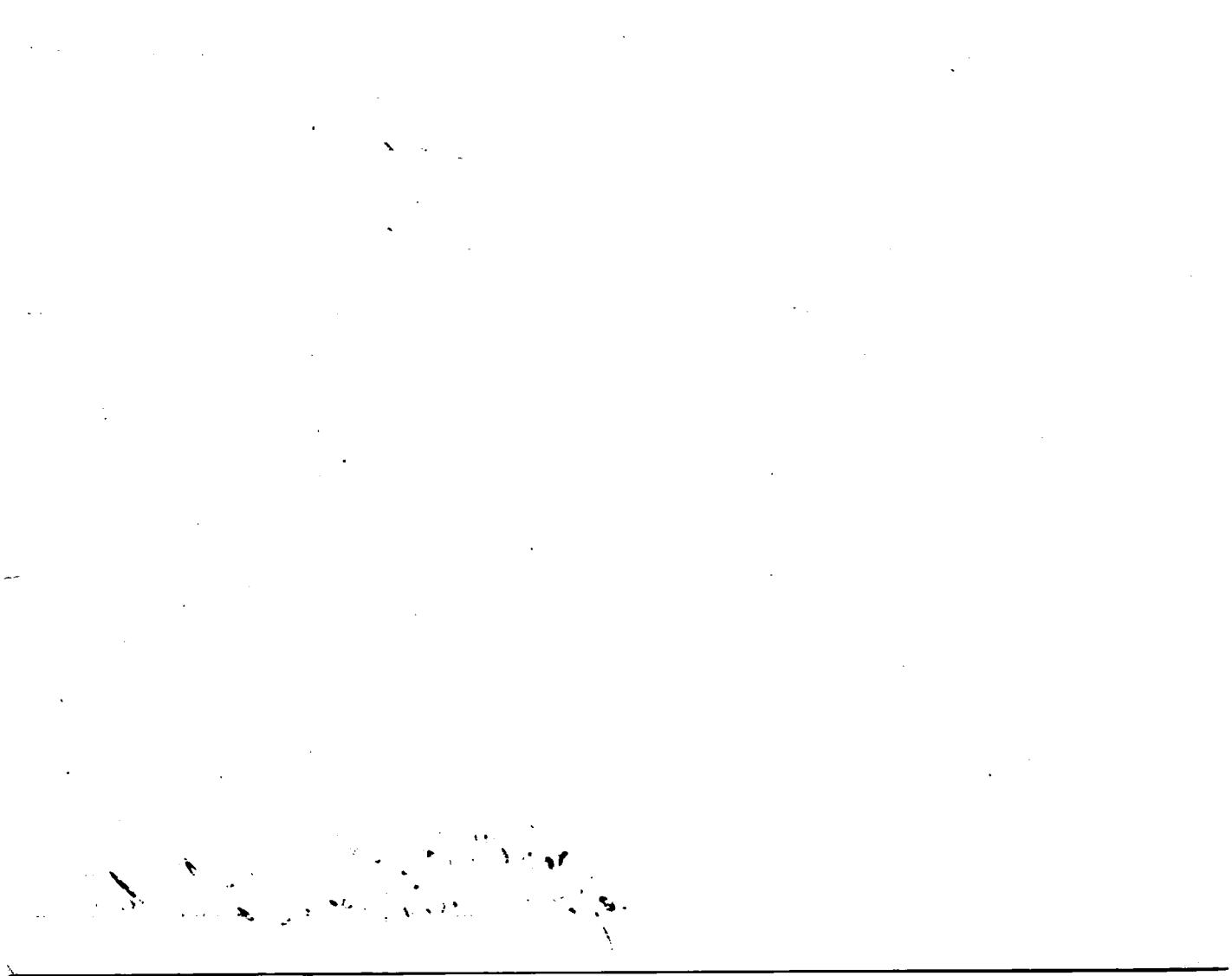
Filed 6/22 1915 Geo. S. Lesher
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



814-203
040-355.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31542

Registration District No. 123 File No. 58

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Jean Estella Hare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	yes	May 3 1915

FATHER

FULL NAME Clyde Hare

RESIDENCE Wardner.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mich.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Gertie Lent.

RESIDENCE Wardner.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Oregon.

OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7. A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address Mc Clogg

Given names added from a supplemental report.

..... 19.....

Filed 6/22 1915 Geo. S. Lesher

..... Registrar

Registrar

S-Y CO. 24655

JAN 5 1943

165-110-040-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31543

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 59

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Thomas Francis Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	3	yes	May 10 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Elmer Jones	FULL MAIDEN NAME	Lidia A. Taylor.
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas.
OCCUPATION	Bank Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 1918 Geo. S. Lesher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1 1942

DECEASED

866-102-040-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31544

Registration District No. 123 File No. 60

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Ernest Alden Hoff.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	2	yes	May 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harris Hoff.	FULL MAIDEN NAME	Mona Yarbrough
RESIDENCE	Kellogg.	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Colo	BIRTHPLACE	Oregon.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 4/22 1915 Geo. S. Fisher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 25 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-202-040-319

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31545

Registration District No. 123 File No. 61

Primary Registration District No. 2201 Registered No. ____

FULL NAME OF CHILD Russell Ida Mc. Kasson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	yes	May 2 1915

FATHER		MOTHER	
FULL NAME	Clyde Earl Mc. Kasson	FULL MAIDEN NAME	Clara E. Corbe
RESIDENCE	Stewart Ida	RESIDENCE	Stewart
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1. A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.
(Physician or midwife)

Address Kellogg

Filed May 7 1915 Geo. S. Tasker
Registrar

Given names added from a supplemental report.

....., 19.....

.....
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 25 1971

DWOO1915-253369.

433-222-040-844

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Beeler

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31546

Registration District No. 123 File No. 62

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Ruth Vivian McLean.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	2	yes	May 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer McLean.	FULL MAIDEN NAME	Mina Hummell.
RESIDENCE	Beeler Idaho	RESIDENCE	Beeler.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 1915 Geo S Lasher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1947

NOV 4 1966

168-216-040-965

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31547

Registration District No. 123 File No. 63

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Anna Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fm	2	yes	6 16 1915

FATHER		MOTHER	
FULL NAME	Walker D. Johnson	FULL MAIDEN NAME	Lila Zoellner.
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ala.	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22 1915 Geo. S Lasher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1968

335-103-040-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31548

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 64

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Morten Clemets Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	7	Yes	6 3 1915

FATHER		MOTHER	
FULL NAME	Morten Clemets	FULL MAIDEN NAME	Hieda Johnson
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11, P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/22/1915 Geo S Lesher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1948

952-118-040-691

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31550

Registration District No. 173 File No. 66

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Domonick Frank Rebino.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	4 (To be answered only in event of plural births)	Yes	6 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Vito Rebino.	FULL MAIDEN NAME	Carmellia Francisco.
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Section hand	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1915 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 8 1967

895-204-040-964

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31552

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 68

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Muriel Olive Hintze

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	4	yes	Feb 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Hintze	FULL MAIDEN NAME	Nettie Rodenbaugh
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1915 Geo S Leslie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1955

766-120-040-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-[illegible]

31553

Registration District No. 123 File No. 49

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Charles Henry Poole

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			1	yes	6 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Poole	FULL MAIDEN NAME	Ellen Louisa Blackwell
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 4th 1915 Geo. S. Lesher
Registrar

Registrar

8-Y CO. 24658

NOV 7 1961

291-123-040-128

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31554

County of Shoshone

City [redacted] Wardner

Registration District No. 123 File No. 70

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wendell Robert Brainard

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
boy	2 (To be answered only in event of plural births)	yes	Jany 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Brainard	FULL MAIDEN NAME	Mable Ashby
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	Printer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1915 Geo. S. Lesher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-214-040-343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31556

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

Registration District No. 123 File No. 72

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Alma Susene Devereaux

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Jany (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Devereaux	FULL MAIDEN NAME	Hettie Tucker
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wash.
OCCUPATION	Black Smith	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ka Clogg

Filed 6/24 1915 Geo S Lesher
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-227-040-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31560

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 76

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Gladys Lucretia Speake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	2	Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry John Speake	FULL MAIDEN NAME	May Brown
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 7/5 1915 Geo S Lesher Registrar

Registrar

S-Y CO. 20174

DWP081915-32376

31560

uited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Gladys Lucretia Speake
5. Date of Birth of Child (Month, day, year) June 27, 1915
Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Jerry John Speake
Color or Race White
12. Age at time of THIS birth 23 yrs.
Birthplace Montrose, Iowa (City or town) (State or foreign country)
Exact Occupation Miner
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Mae Brown
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Keokuk (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Lee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 45 years of age, that I have known this person for since birth years, and that ---- (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Lillie Mae Brown Speake Engel Signature
1112½ Main St. Keokuk, Iowa, P. O. Address

Subscribed and sworn to before me this 28 day of April, 1942.
(SEAL) Florence L. Armentrout Notary Public, residing at Keokuk Iowa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eceived for filing on MAY 1 by [illegible] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-101-040-719

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31562

County of Shoshone

City of Kellogg

No. ....., ... St.

Registration District No. 123 File No. 78

Primary Registration District No. 2201 Registered No. .....

Hospital Wardner

FULL NAME OF CHILD Edward Parish Johnson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	Jan 1, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Frank Johnson	FULL MAIDEN NAME	Pearl Parish
RESIDENCE	Wardner Ida	RESIDENCE	Wardner Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kansas.
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D McCrachin

M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida

Filed 7/6 1915 Geo. S Leeher

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31563

County of Shoshone

City of Wardner

Registration District No. 123 File No. 79

No. ....., ... St.

Primary Registration District No. 1201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Watkin Meirion Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William David Williams	Mary Hughes
RESIDENCE	Wardner Ida	Wardner. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	35
BIRTHPLACE	Wales.	Wales.
OCCUPATION	Miner.	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. W. Erskine M. D.

(Physician or Midwife)

Address Kellogg Ida

Given names added from a supplemental report

....., 19.....

Filed 4/6 1915 Geo. S. Lesher Registrar

.....

Registrar

S-Y CO., 16670

MAY 22 1940

819-111-040-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Wardner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31564

Registration District No. 123 File No. 80

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD William Matthew Harris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Mal	—		—	Yes	June 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matthew Harris	FULL MAIDEN NAME	Jane Treglown
RESIDENCE	Kellogg, Ida	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	England (Cornwall)	BIRTHPLACE	England (Cornwall)
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg, Idaho

Filed 7/6 1915 Geo. S. Fisher
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-115-040-199

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31570

Registration District No. 123 File No. 84

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD REYNHOLD W. NORMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	2	yes	3 15 1915

FATHER		MOTHER	
FULL NAME	Ed Norman	FULL MAIDEN NAME	Mary Arro
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Finland	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ka Cloff

Filed 6/24 1915 Geo. S. Leslie
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named from card 2/27/41

344-218-014-994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 4 File No. 31573

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Evelyn Lucile Cummins

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth May (Month) 18 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME John Lytle Cummins	FULL MAIDEN NAME Amanda Zimmerman
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Pratt Co Kansas	BIRTHPLACE Shawneetown Mo.
OCCUPATION Orchardist	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Filed 7-7 1915 J. L. Reynolds

..... Registrar

Registrar

S-Y CO. 24636

AUG 7 1942

812-113-014-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6 File No. 31574

Primary Registration District No. 1010 Registered No. _____

FULL NAME OF CHILD Roy Hashitani

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 13 1915

FATHER	MOTHER
FULL NAME Katsugi Hashitani	FULL MAIDEN NAME Jakako Yawata
RESIDENCE Emmett	RESIDENCE Emmett
COLOR Brown	COLOR Brown
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Sottriken Japan	BIRTHPLACE Sottriken Japan
OCCUPATION Truck gardener	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings M.D.
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

1 Photostat copy 12/15/41

Filed 7-7-1915 J. R. Reynolds
Registrar

Registrar

8-Y CO. 24686

DEC 22 1953

Dec 15 1941

349-225-008-469

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Horseshoe Bend

Registration District No. 6

File No. 31575

No. _____ St.

Primary Registration District No. 1010

Registered No. _____

Hospital _____

FULL NAME OF CHILD THELMA MAY CURL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Henry Curl	FULL MAIDEN NAME	Alta Bernice Morrell
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho City Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

_____ 19__

Filed July 7 1915 J. L. Reynolds Registrar

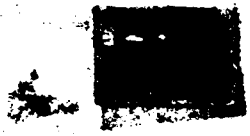
Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



10-15-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 14 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 31575

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Curl (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1915 (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Thelma May Curl

Subscribed and sworn to before me this 5 day of October, 1969

Hazel L. Hewlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1972

(Seal)

Signed James L. Hazeltine

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E10913-18 ave Spokane, Wn. 99206

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 200 pt - Rec #23245

Own childs birth certificate on file with state of Idaho, # 255251.
Child born May 2, 1937. Mother's maiden name given as Thelma May Curl.
Viewed by V.S.

NOV 20 1969

Certificate of Marriage #50332 A from Washington. gives name of biride ad Thelma Curl and Groom as G. L. Koontz. dated April 2, 1935. Signed by Rev. W. T. Taylor. Viewed by V. S.

819-105-014-867

[redacted]

V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... *St.*

Hospital .....

Registration District No. 7 **File No.** 31576

Primary Registration District No. 2006 **Registered No.** .....

FULL NAME OF CHILD 1

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 6 (Month) 5 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	King J. Harlow	**FULL MAIDEN NAME**	Edith May Haggett
RESIDENCE	1½ mi S. Nampa	**RESIDENCE**	Nampa
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	26 (Years)	**AGE AT LAST BIRTHDAY**	21 (Years)
BIRTHPLACE	Virginia	**BIRTHPLACE**	Oregon
OCCUPATION	Rancher	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed June 10 1915 Dr. S. D. Calongo Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-206-014-493

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 701 12 ave. S St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31577

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Sara Lucille Woodard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	June 6 1915

FATHER		MOTHER	
FULL NAME	S. F. Woodard	FULL MAIDEN NAME	Stella Miller
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Ohio
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

(Signature) J. H. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Filed June 10 1915 D. V. S. D. Calongne Registrar

Anna Hatfield Deputy Reg

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31577

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sara Lucille Woodard (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Sara Lucille Woodard

Subscribed and sworn to before me this 7
day of April, 19 47

Notary Public, residing at Boise

My commission expires 1/1/47
(Seal)

Signed J. H. Woodard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 19 1973

APR 7 1944

Amended 11-26-56

[redacted]

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Nampa

Registration District No. 7

File No. 31578

No. R.R. No. 2 Box 589

154-213-014-713

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Helen Andrews

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	June 13 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. W. Andrews	FULL MAIDEN NAME	Pearl L. Patlet
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y CO. 24658

(Signature) J. F. Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Filed June 20 1915 Dr. S. D. Calvert
Registrar

Anna Fairfield Deputy Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 31578

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Missing (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1915 (Date of Event) in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage license (Bible Record, Insurance Policy, Etc.) prepared on Jan. 20, 1934 (Give Date), are: Social Security Card Viewed by vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Dorothy Helen Andrews

Subscribed and sworn to before me this 12 day of Oct, 1956

Ben White Cinzig
Notary Public, residing at Sherman Oaks, Cal
My commission expires 8-3-60
(Seal)

Signed Pearl L Andrews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3479 Cahuenga Hollywood California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Oct 1956

Ben White Cinzig
Notary Public, residing at Sherman Oaks, Cal
My commission expires 8-3-60
(Seal)

Signed Mary L Davidson Sister
(Signature of Any Credible Person)

3479 Cahuenga Hollywood California
(Street Address, City, State)

FORM DPH 55.155

1956

799-115-014-843

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 4 Mills N-E of town

Hospital —

Registration District No. 7

Primary Registration District No. 2006

File No. 31579

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	X	X	Yes	June 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. O. Grimes	FULL MAIDEN NAME	Lula Hutsell
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 25 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed June 20 1915 Dr S. O. Calouge

Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-216-014-866

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Country St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31580

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X ERNESTINE STILES

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	June (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Isaac Stiles	FULL MAIDEN NAME	Myra Howlett
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed July 3 1915 Dr S D Calouge

Registrar

Registrar

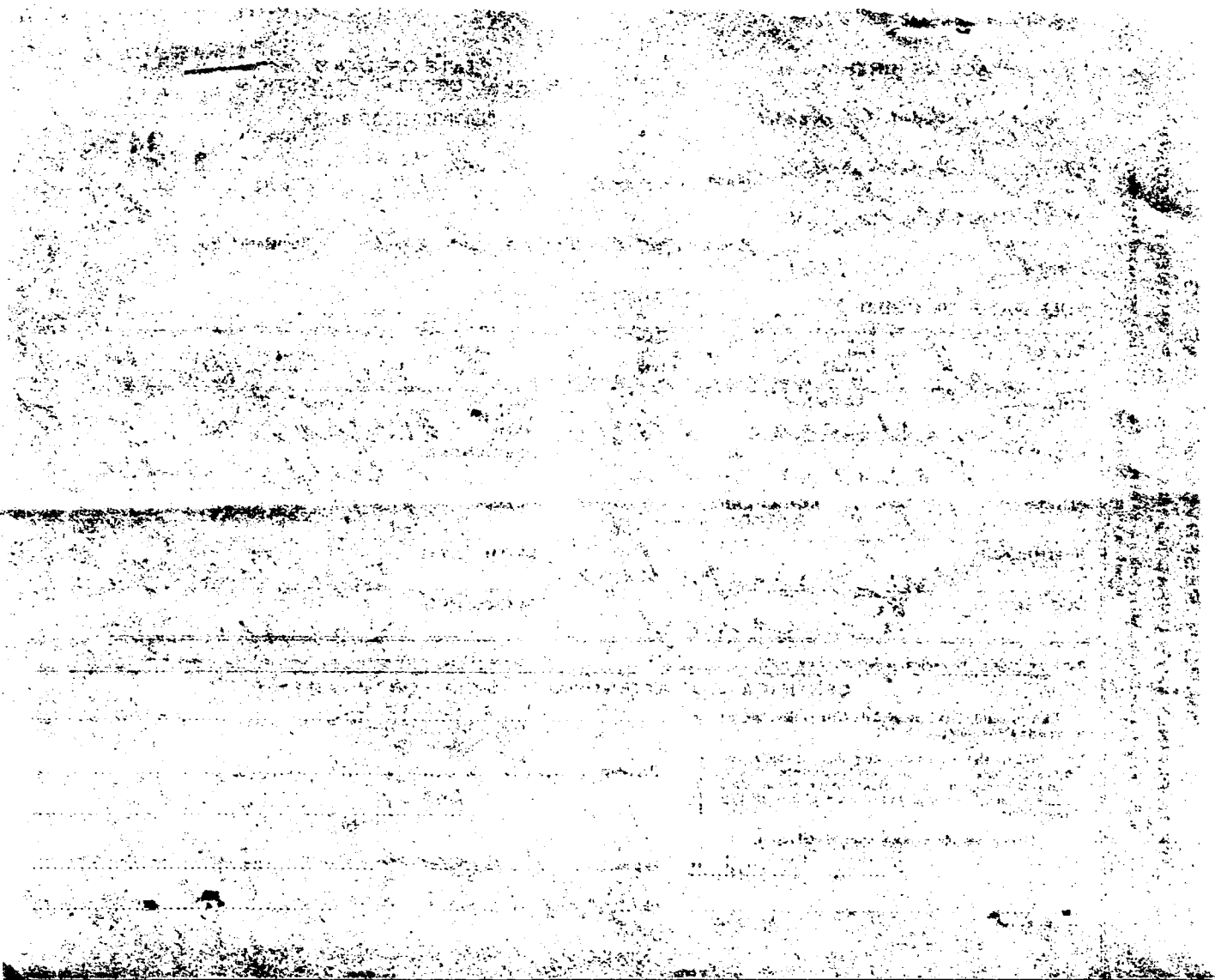
Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 31580

Date Filed Feb 4th 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ernestine Stiles (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 16 28 1915 (DATE OF EVENT)
in Wenatchee Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Ernestine Stiles
Ernestine Stiles	ERNESTINE SIKES	

Subscribed and sworn to before me this 4
day of Feb 19 42

Ed Rooney

Notary Public, residing at Seattle

My commission expires Jan 15, 1942
(SEAL)

Signed Myra N. Stiles
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Seattle, Wash 1110 Alki Ave Co. King
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

253-120-014-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Nampa General

Registration District No. 7 File No. 31581

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Frank Kelsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	6 (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Kelsey	FULL MAIDEN NAME	Myrtle Simmons
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Galbraith M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Filed June 23 1915 Dr. S. D. Colonge
Registrar

Registrar

Anna Hoifield Deputy Reg.

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 1030 1941 hea

194-120-014-555

PLACE OF BIRTH AMENDED MAY 4, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 31582

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Thomas Benton Armitage
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 20, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Alfred Armitage	FULL MAIDEN NAME: Martha Venable
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Texas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. O. A. Kellogg
M.D.
(Physician or midwife)

Address Nampa, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 25, 1915 Dr. S. D. Calong
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 - 1954
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31582

Date Filed June 25, 1915

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Thomas Armitage (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Thomas Armitage	Thomas Benton Armitage
Mother's Name	Mattie Vendable	Martha Venable
Father's Name	Fred Armitage	Alfred Armitage

Subscribed and sworn to before me this 3rd day of May, 1954

Notary Public, residing at Nampa, Idaho

My commission expires 3-4-1956

(Seal)

Signed Geo. A. A. Kellogg, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

107-12th Ave. S.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1954

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Martha Armitage
(Signature of Any Credible Person) (MOTHER)

.....
(Street Address, City, State)

DPH 52-155

155-222-014-238

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31583

County of Canyon

City of Nampa

No. Front St. North

Registration District No. 7 File No.

Primary Registration District No. 1006. Registered No.

Hospital

FULL NAME OF CHILD Nettie Emma Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		—	yes	June 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Jensen	FULL MAIDEN NAME	Anna Schwab
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Boiler Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed June 30 1915 Dr S D Calange Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 2 20 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31583

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jensen (female) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on Previous (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nettie Emma Jensen

Subscribed and sworn to before me this 15th day of December, 1975

Notary Public, residing at Clearfield

My commission expires 1977
(Seal)

Signed Lloyd C Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 1975

Notary Public, residing at Bountiful, Utah

My commission expires May 29, 1979
(Seal)

Signed Esther Perkins
(Signature of Any Credible Person)

768 W 3500 So Bountiful Utah
(Street Address, City, State)

FORM DH 60-155 CL 5/27/75 ret'd $1

Certif of Baptism and Confirmation from the LDS Church gives name as Nettie Emma Jensen daughter of Charley Jensen and Annie Schwab. Born June 22, 1915 at Nampa, IDaho. Baptized Sept. 5, 1925. viewed by V. S.

JAN 1 9 1976

Family Group record for for Charles Carl Jensen and Anna Regina Schwab gives child's name as Nettie Emma Jensen born June 22, 1915 at Nampa, Idaho. viewed by V. S.

533-126-014-363

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. South 10th ave

Hospital —

Registration District No. 7

File No. 31584

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	June 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. R. Elliott	FULL MAIDEN NAME	Beulah Cole
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Minn
OCCUPATION	Auto Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

.....19.....

Filed June 30 1915 Dr S D Calouge Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24650

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-126-014-319

Form V. S. [illegible]

PLACE OF BIRTH

[redacted]TE OF IDAHO
BU[redacted]F VITAL STATISTICS
[redacted]IFICATE OF BIRTH

31585

County of Canyon

City of Nampa

No. ..... *St.*

Registration District No. 7 **File No.** .....

Primary Registration District No. 1006 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Carroll Arthur Walsh

Sex of Child Male	**Twin Triplet or other?** X **and** **Number in order of birth** X (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** 6 (Month) 26 (Day) 1916 (Year)

FULL NAME	**FATHER** A. L. Walsh	**FULL MAIDEN NAME**	**MOTHER** Carrie Carroll
RESIDENCE	Nampa	**RESIDENCE**	Nampa
COLOR	White **AGE AT LAST BIRTHDAY** 28 (Years)	**COLOR**	White **AGE AT LAST BIRTHDAY** 17 (Years)
BIRTHPLACE	Nebraska	**BIRTHPLACE**	Missouri
OCCUPATION	R. R. Engineer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) **at** 10.40 A.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. O. A. Kellogg M.D. Per M.B. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Nampa, Idaho

Filed July 3 1915 Dr. S. D. Calonge Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1948

845-228-014-816

Form V. S. No. 11-C—20m-2-15-52

PLACE OF BIRTH

[redacted] F IDAHO
BUREA[redacted]TAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 31586

Primary Registration District No. 1006. Registered No. .....

FULL NAME OF CHILD Lois Hunt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Walter Hunt	FULL MAIDEN NAME	Margaret Houck
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E Watson
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa, Ida

Filed July 1 1915 Dr S D Calonge
Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ottumwa, Iowa Elementary Public School Diploma, June 6, 1930 gives full name as Lois Hunt - viewed by V.S. and Notarized Photostatic Copy of Page marked Births from Family Bible - gives one child's full name as Lois Ann Hunt, born June 28, 1915 - has not been altered - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Iowa
County of Wapello } ss.

Certificate No. 31586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hunt (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Hunt

Subscribed and sworn to before me this 11 day of July, 1961

Rachel S. Hunt
Notary Public, residing at Ottumwa, Iowa
My commission expires July 1963
(Seal)

Signed Mrs. J. W. Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

521 Ellis Ottumwa Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa
County of Wapello } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of July, 1961

Rachel S. Hunt
Notary Public, residing at Ottumwa, Iowa
My commission expires July 1963
(Seal)

Signed J. W. Hunt
(Signature of Any Credible Person)

521 Ellis Ottumwa Iowa
(Street Address, City, State)

FORM DH 60-155 CL 7-5-61. one copy pd. receipt #18170.

JUL 19 19

231-205-014-291

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31587

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 7006 Registered No. .....

FULL NAME OF CHILD Lenna Melba Lee Stahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Hoddson Stahl	FULL MAIDEN NAME	Grace Lee Bramlette
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indianna	BIRTHPLACE	Missouri
OCCUPATION	Plummer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:05 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Galbraith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Nampa Idaho

Filed July 6 1915 Dr S D Calouge Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31587

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Stahl (female) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lenna Melba Lee Stahl

Subscribed and sworn to before me this 25th day of January, 1974

Notary Public residing at Manteca Cal

My commission expires My Commission Expires Feb. 17, 1974

(Seal)

Mother Grace L. Stahl

Signed Grace L. Brambletti

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

EARL H. WENDORFF NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SAN JOAQUIN COUNTY

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1974

Notary Public, residing at Manteca Cal

My commission expires My Commission Expires Feb. 17, 1974

(Seal)

Signed Earl H. Wendorff Notary

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1/24/74

Application to Royal Neighbors of America give name as Lenna Melba Lee Quintal Born July 5, 1915. signed ~~by~~ on Sept. 19, 1967. Viewed by V. S.

FEB 14 1974

Daughters birth certificate from California gives name as Glenda Ann Quintel born 9-13-38. father's name given as John Richard Quintel and ~~g~~ the mother's name as Lenna Melba Lee Stahl. Viewed by V. S.

249-113-032-294

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

[redacted] AHO

Bur[redacted]atistics

CERT[redacted] BIRTH

County of Lincoln

City of Jerome

Registration District No. 23 File No. 31588

No. ....., ... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Samuel Smith Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 13, 1915

FATHER	MOTHER
FULL NAME Samuel Smith	FULL MAIDEN NAME Flavia Sidwell
RESIDENCE 4 mi. N. E. of Jerome	RESIDENCE 4 mi. N. E. of Jerome
COLOR white AGE AT LAST BIRTHDAY 40 (Years)	COLOR white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

....., 19.....

Filed June 24 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

551-201-032-863

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31589.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD BILLIE ELEANOR Veazie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	July 1 1913

FATHER		MOTHER	
FULL NAME	William J. Veazie	FULL MAIDEN NAME	Clara Hottinger
RESIDENCE	7 mi. S.W. Jerome	RESIDENCE	7 mi S.W. Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M. D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 6 1913 E. D. Pyle Registrar

8-Y CO. 24656

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois
County of Cook } ss.

Certificate No. 31589

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for GIRL BABY (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 1, 1915 (Date of Event)
in JEROME IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Billie Eleanor Veazie

Subscribed and sworn to before me this 22nd day of May, 19 44

Carol N. Thorp

Notary Public, residing at 221 E. Cullerton Chicago

My commission expires 1946
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois
County of Cook } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of May, 19 44

Carol N. Thorp

Notary Public, residing at 221 E. Cullerton Chicago

My commission expires 1946
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 7 1954

JUN 2 1944

168-217-032-659

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

name added 7/8/80

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

31590

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Viola Sarah Johnson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 17, 1915

FATHER		MOTHER	
FULL NAME	Arno Johnson	FULL MAIDEN NAME	Vada Ferriel
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schmershall MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Jerome

Filed July 6 1915 E. D. Pifer

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-27-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 13 2 06 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 31590
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 17, 1915 (Date of Event)
in Jerome (Lincoln) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Viola Sarah Johnson

Subscribed and sworn to before me this 10th day of June, 1980.
Notary Public, Edith Thomason
Residing at Lincoln Idaho
My commission expires 5-83
(Seal)

Viola Johnson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Family Bible record gives name as Viola Sarah Johnson born May 17, 1915 in Jerome, Idaho. viewed by V. S.

JUL 9 1980

Marriage license and record from Idaho gives nme as Elwood LeRoy Pettingill as the groom and Viola Sarah Johnson as the bride. dated Sept 10, 1937. viewed by V. S.

Amended 7-27-60

PLACE OF BIRTH

719-228-032-749

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. 31591

Hospital ..... Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Lois Belle Parry
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	May 28, 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Parry	FULL MAIDEN NAME	Winifred Purdy
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) John F. Schmershall, M.D.
(Physician or midwife)

Address Jerome

Filed July 6, 1915 E.D. Piper
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Notification of Birth Registration, State of California, (Own Child's) #1960-288, Sept. 21, 1940 gives full maiden name of mother as Lois Belle Parry - viewed by V.S. and Social Security Card, 11-26-1938, #541-18-3660, gives full name as Lois Belle Parry Hoxie - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Yamhill }

Certificate No. 31591

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Parry (Name on Original Certificate) who born (Was Born or Died) on May 28, 1915 (Date of Event) in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Belle Parry
Number of Child of this Mother	4	5

Subscribed and sworn to before me this 7th day of April, 1959

Notary Public, residing at McMinnville, Oregon

My commission expires Jan. 26, 1963

(Seal)

Signed Winifred McParry
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person~~)

202 Bills Street, McMinnville, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Yamhill }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 1959

Notary Public, residing at McMinnville, Oregon

My commission expires Jan. 26, 1963

(Seal)

Signed Dena Warren
(Signature of Any Credible Person)

202 Bills Street, McMinnville, Ore
(Street Address, City, State)

FORM DPH 55.155 CL 3-24-59. nm

155-204-032-366

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31592

Registration District No. 23 File No. _____

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD Florence Amalia Annett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 4 1915

FATHER		MOTHER	
FULL NAME	Kenneth Annett	FULL MAIDEN NAME	Frances Coffey
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pfau M D

(Physician or midwife)

Address Jerome

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 6 1915 E. D. Pfau Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

491-203-001-855

Form V. S. No. 11-C—[illegible]-1-1-18

PLACE OF BIRTH

[redacted]

County of Ada

City of

Registration District No. 10 4

File No. 31593

No. Eagle School District

Primary Registration District No. 200 2

Registered No. ~~[illegible]~~ 42

Hospital

FULL NAME OF CHILD Enid May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	May (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eliza P Dragoo	FULL MAIDEN NAME	Francis R Yenson
RESIDENCE	Eagle School District	RESIDENCE	Eagle School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... at 4.15 A M on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician [redacted])

Given names added from a supplemental report.

Address Boise Ida

..... 19

Filed June 6 1915 L B Harris

Registrar

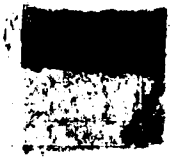
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 17 1956

ARC

168-227-001-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Eagle

No. R. D. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31594

Registration District No. 16th File No.

Primary Registration District No. 200th Registered No. 41

FULL NAME OF CHILD Kenneth Leslie Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	5 27 1915

(To be answered only in event of plural births)

FATHER

FULL NAME Robt E. Johnson

RESIDENCE Eagle Idaho

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Pa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Pearl Allen

RESIDENCE Eagle Idaho

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Hse

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) M. Allen Callaway

Physician

(Physician or midwife)

Address Boise Idaho

Filed 6-3 19 15 L B Evans

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

DuPont 1915-328929

731-106-014-132

o. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5

File No. 31595

No. ..... *St.*

Primary Registration District No. 2009

Registered No. 23

Hospital .....

FULL NAME OF CHILD Glen William Platz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph F Platz	FULL MAIDEN NAME	Amelia Ackerman
RESIDENCE	New Plymouth	RESIDENCE	New Ply Switzerland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed June 1915 Wm T. Drysdale
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-103-014-239

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31596

County of Canyon

City of New Plymouth

Registration District No. 5

File No.

No. St.

Primary Registration District No. 1009

Registered No. 22

Hospital Holy Rosary

FULL NAME OF CHILD Louis Vetold Kenkel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis V. Kenkel	FULL MAIDEN NAME	Elsie Strong
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kans
OCCUPATION	Construction Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:40 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth Ida

Filed June 10 1915 Wm T. Drysdale

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1963

2 c.c. 5/22/41. w.h.

363-131-014-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31597

County of Canyon

City of Emmett

Registration District No. 5 File No.

No. St.

Primary Registration District No. 2009 Registered No. 21

Hospital

FULL NAME OF CHILD Elmer Lee Lockner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 31 1915

FATHER		MOTHER	
FULL NAME	Leo W. Lockner	FULL MAIDEN NAME	Alice Luella Melcher
RESIDENCE	Emmett, Idaho	RESIDENCE	Homeland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	S Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) Wm J. Drysdale M.d

(Physician or midwife)

Address Nr. Plymouth Ida

Filed 6-3 1915 Wm J. Drysdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

238-230-014-132

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

Registration District No. 5

Primary Registration District No. 2009

File No. 31598

Registered No. 20

FULL NAME OF CHILD Loretta Theresa Schuler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 30 1915

FATHER		MOTHER	
FULL NAME	Aloysius C. Schuler	FULL MAIDEN NAME	Clara Ackerman
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed June 19 15 Wm J. Drysdale Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1956

OCT 2 1963

266-119-014-994

PLACE OF BIRTH Canyon

County of ~~Nampa~~ Plymouth

City of Canyon

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31599

Registration District No. 5 File No. _____

Primary Registration District No. 2009 Registered No. 19

FULL NAME OF CHILD Arnold ~~Canyon~~ BERNARD Good

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 19 1917

FATHER

FULL NAME Martin J Good

RESIDENCE Nr Plymouth

COLOR W AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Switzerland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Pauline Zimmerman

RESIDENCE Nr Plymouth

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Switzerland

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a — M on the date above stated.

(Signature) Wm J. Drysdale M.d

(Physician or midwife)

Address Nr Plymouth Ida

Filed 6-10 1917 Wm J. Drysdale — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1949

GOOD

Dup of 1915-192652

819-210-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31600

County of Caribou

City of New Plymouth

Registration District No. 5 File No.

No. R F D 1 St.

Primary Registration District No. 1009 Registered No. 18

Hospital

FULL NAME OF CHILD Alice Elizabeth Harper.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	May 10 1915

FATHER		MOTHER	
FULL NAME	W. Fred Harper.	FULL MAIDEN NAME	Agnes Harper
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysedale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

....., 19.....

Filed June 10, 1915 Wm J. Dysedale
Registrar

.....
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

SEP 8 1967

-014-915

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of New Plymouth — Registration District No. 5 — File No. 31601

No. ..... St. — Primary Registration District No. 2009 — Registered No. 17

Hospital Holy Rosary

FULL NAME OF CHILD Mary Ann Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm E. Edwards	FULL MAIDEN NAME	Margaret Mason
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth Ida
COLOR	W — AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed May 1915 Wm T. Drysdale Registrar

Registrar

S-Y CO. 24655

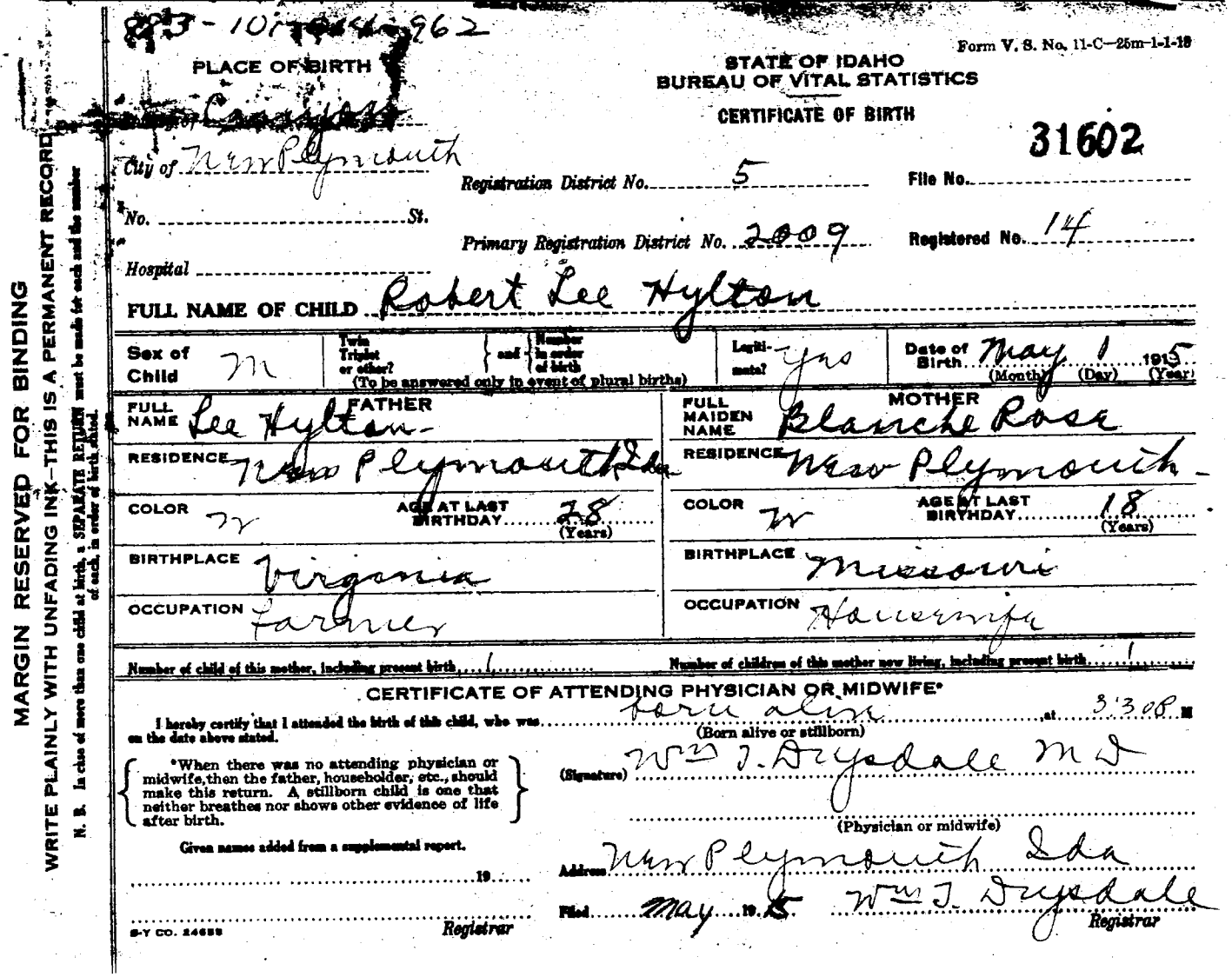
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth [illegible]

MAY 26 1942

OCT 3



883-101-[illegible]-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31602

County of Canyon

City of New Plymouth

Registration District No. 5

File No.

No. St.

Primary Registration District No. 2009

Registered No. 14

Hospital

FULL NAME OF CHILD Robert Lee Hylton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Hylton	FULL MAIDEN NAME	Blanche Rose
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth Ida

Filed May 19 15

Wm T. Drysdale
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-108-004-456

Form V.S. No. 11-C—25m-1d1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31603

County of Canyon

City of New Plymouth

Registration District No. 5 File No.

No. R F D 2 St.

Primary Registration District No. 2009 Registered No. 16

Hospital

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	May 8 1915

FATHER		MOTHER	
FULL NAME	Miles Miller	FULL MAIDEN NAME	Ruth Dewitt
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed May 10 19 15 Wm J. Drysdale
Registrar

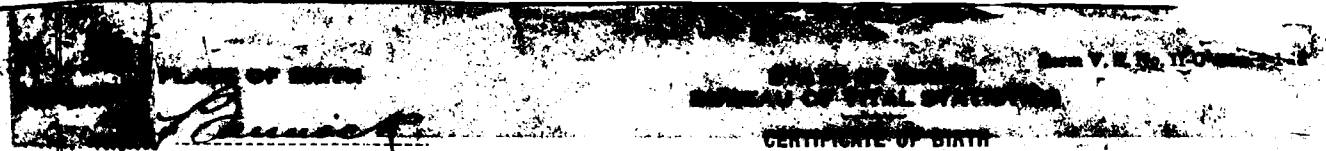
..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Bancroft

STATE OF UTAH
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

City of Bancroft

No. 819-121-003-271 St.

Registration District No. 82

File No. 31604

Primary Registration District No. 2161

Registered No.

Hospital

FULL NAME OF CHILD George Brigham Harrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	May 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Harrison	FULL MAIDEN NAME	Lillie May Spackman
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 p M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Ida

Filed June 1915 D. R. J. Smith

Registrar

Registrar

S-Y CO. 24652

6/13/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 216
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for George Brigham Harrison (Name on original certificate) who was born (Was born or died) on May 21, 1915 (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by Mother (Bible record, insurance policy, etc.) prepared on June 13, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name of Mother	Spackman	Lillie May Spackman

Subscribed and sworn to before me this
day of , 19
Myrna L. Brewer
Notary Public, residing at
My commission expires
[SEAL]

Signed Lillie May Spackman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Myrna L. Brewer
Notary Public, residing at
My commission expires
[SEAL]

Signed George Harrison
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

OCT 2 1 1971

APR 7 1943

[redacted] 858-130
208-417
OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31605

County of Boise

City of Grimes Pass

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2019 Registered No. 68

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 30 1915

FATHER		MOTHER	
FULL NAME	Walter Wellington Reynolds	FULL MAIDEN NAME	Elma Cirelia Maxfield
RESIDENCE	Grimes Pass	RESIDENCE	Grimes Pass
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician

(Physician or midwife)

Given names added from a supplemental report

19

Address Placerville Ida

Registrar

Filed July 10 1915 May Fitz Deputy

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Placerville

No. 514-115-008-569 St.

Registration District No. 12

File No. 31606

Primary Registration District No. 2019

Registered No. 67

Hospital

FULL NAME OF CHILD Richard Dolor Nadeau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noel Nadeau	FULL MAIDEN NAME	Emma Nordmark
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Fitz

Physician (Physician or midwife)

Given names added from a supplemental report

Address Placerville

19

Registrar

Filed June 10 1915 May Fitz Deputy Registrar

8-Y CO. 20174

[redacted]

JUN 8 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31607

PL[redacted]TH

County of Cassia

City of Burley Heyburn

No. 853-215-034-395 St.

Registration District No. 18

File No.

Primary Registration District No. 210 2

Registered No. 22

Hospital

FULL NAME OF CHILD Louise Hellewell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	6-15-15 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James B. Hellewell	FULL MAIDEN NAME	Elizabeth Liechty
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.55 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley, Ida.

Filed July 25 1915

V. R. Killen

Registrar

8-Y CO. 24655

MAY 24 19[illegible]

-11-14 10M
20417

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B. — In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, C
OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

231-119-034-845

STATE BOARD OF HEALTH FILE No. 31608

CERTIFICATE OF BIRTH,

STATE OF UTAH.

PLACE OF BIRTH

County of Minadoka

Precinct

Town or Village of Paul

City of

Street and No.

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth
Male	1		1	yes	June 19 1915 [Month] [Day] [Year]

FATHER		MOTHER	
FULL NAME	John Lesley Staker	FULL MAIDEN NAME	Christina Cutts Hunter
RESIDENCE	~~White~~ Paul Idaho	RESIDENCE	Paul Idaho
COLOR	[illegible] AGE AT LAST BIRTHDAY 28 [Years]	COLOR	White AGE AT LAST BIRTHDAY 25 [Years]
BIRTHPLACE	Wilson Weber Co Utah	BIRTHPLACE	West Weber Weber Co. Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on June 19-1915 1915, at 7 a M.

Premature _____ or Still Birth? no (Yes or No)

[Signature] Emeline Staker

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date _____ 19 __ _____ [Physician or Midwife]

Give name added from supplemental report

_____ 19 __

_____ REGISTRAR.

Address of ~~Physician or~~ Midwife West Weber

Filed July 30 1915 V. R. Killen REGISTRAR.

Registered No. 23 Reg. Dist 18

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in th district in which they occur, as hereinafter provided.

REPORTS

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certifica of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred within te days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the chil Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certifica of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank fro local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * connected wi any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may posse regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * T State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report san

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 13 sh strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the words **"No Physician Midwife,"** filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., as the case may be, wi his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted bef requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for co plete report. Enter the date of filing in your office **immediately;** give the certificate its proper registered number and make **a copy** of t original certificate for your local record. If the name of the child is not reported give the person who made the return a blank supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of na of child has not yet been filed, send the certificate and forward the later report as soon as received after entering name or other fact your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any ot person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglect or refuse to a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilty of a misdemeanor. * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglec refuse to perform any of the duties imposed upon him by this Act or by the instructions and direction of the State Registrar, shall deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fine any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

619-221-034-963

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 31609

Primary Registration District No. 2102 Registered No. 24

FULL NAME OF CHILD Francis Elizabeth Ward

Sex of Child F | Twin Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 21st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. D. Ward.	FULL MAIDEN NAME	Eloy E. Rockwell
RESIDENCE	Hazelton, Ida.	RESIDENCE	Hazelton, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Maine	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Ill.
		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 30 1915 V. P. Tillman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1943

364-106
042-795

PLACE O[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 31610

No. ....., ... St.

Primary Registration District No. .....

Registered No. 46

Hospital Home

FULL NAME OF CHILD Dale Victor Cantlon

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		Yes	June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William M. Cantlon	FULL MAIDEN NAME	Faye Gison
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oklahoma	BIRTHPLACE	Guthrie Okla
OCCUPATION	Blacksmith	OCCUPATION	Hw.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly, Idaho

Filed June 15 1915 J. N. Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Kimberly — Registration District No. 36 — File No. 31611

No. ____, ____ St. — Primary Registration District No. ____ — Registered No. 47

Hospital Home

FULL NAME OF CHILD Lelia Bernett BERNEICE Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 18, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	GERARD Finley Smith	REBECCA Amanda Edmiston
RESIDENCE	Kimberly Idaho	Kimberly Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Ohio	Bedford, Pa.
OCCUPATION	Farmer	Hsw

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) J. M. Davis, M. D.

(Physician or Midwife)

Address Kimberly Idaho

Filed June 19 1915 J. M. Davis

Registrar

S-Y CO., 16670

JAN 18 1957

249-20-042-544

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31611
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lelia Berneice Smith			2. Date of Birth (month) June (day) 10 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Twin Falls	b. City or Town of Birth: Kimberly	
FATHER	6. Full Name of Father: Gerard Finley Smith			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Amanda Rebecca Edmiston			9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lelia Berneice Smith Collings		11. Present Address of Registrant: Jerome, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1956	12. Signature of Notary: Leroy Johnson		13. Notary Commission expires: March 26 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Gerard Finley Smith		Date Issued: 10/1/56	Date Orig. Entry:
Class* B	Date of Birth: June 10, 1912	Birth Place: Kimberly, Idaho	Full Name of Mother: Amanda Rebecca Edmiston	Name of Father: Gerard Finley Smith	
SUPPORTING RECORD 2.	Type of Document: Daughter's birth cert.	By whom issued and signed: Idaho #278032		Date Issued:	Date Orig. Entry: Child born Dec. 12, 1938
Class B	Date of Birth: age 23	Birth Place: Kimberly, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Statement by Midwife who assisted Dr.	By whom issued and signed: Margaret B. Koke		Date Issued: 10/30/56	Date Orig. Entry:
Class B	Date of Birth: June 10, 1915	Birth Place: Kimberly, Idaho	Full Name of Mother: Amanda Rebecca Edmiston	Name of Father: Gerald Finley Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Straubhar	Date Filed: Jan. 15, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

695-114-042-291

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Kimberly~~ Rock Creek

Registration District No. 36

File No. 31612

No. ....., ... St.

Primary Registration District No. .....

Registered No. 48

Hospital Home

FULL NAME OF CHILD John Benjamin Wieghall

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 14, 1915

FATHER		MOTHER	
FULL NAME	Wm Richard Wieghall	FULL MAIDEN NAME	Pearl Brackenbury
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranch Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd Md

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address ~~524~~ Kimberly

Filed June 20 1915 J. M. Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 13 1976

113-217-042-317

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 30 File No. 31613

Hospital ..... Primary Registration District No. ..... Registered No. 66

FULL NAME OF CHILD Helen Louise Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 17 1915

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Louis Jackson	FULL MAIDEN NAME	Bertha Davette Taggart
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utica, New York	BIRTHPLACE	Tipton, Iowa
OCCUPATION	State Chemist, Idaho	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) .....

(Physician or midwife)

Address .....

Filed June 25, 1915 J. N. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JULY 29 1947 JUL

JAN 18 1948

212-121-042-853

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36

File No. 31614

No. ....., ... St.

Primary Registration District No. .....

Registered No. 50

Hospital Home

FULL NAME OF CHILD Chas Cecil Kast

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 21, 1915

FATHER		MOTHER	
FULL NAME	H. J. Kast	FULL MAIDEN NAME	Leontine Yelek
RESIDENCE	Vicinity Hansen, Idaho	RESIDENCE	Hansen Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 1 1915 J. M. Davis Registrar

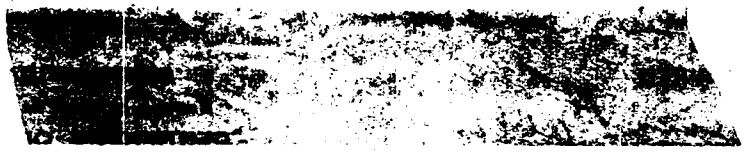
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



316-229-042-542

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31615

County of Twin Falls

City of Hansen

Registration District No. 36 File No. 101

No. ..... St.

Primary Registration District No. ..... Registered No. 2

Hospital Home

FULL NAME OF CHILD Mabel Louise Towne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 29 1915

FATHER		MOTHER	
FULL NAME	Arthur L. Towne	FULL MAIDEN NAME	Flavia Eubanks
RESIDENCE	Hansen Idaho	RESIDENCE	Flavia Eubanks
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	South Dakota	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 10 1915 J. M. Davis

..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1973

MAR 24 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31616

County of Freeport

City of Ashton

Registration District No. 201

File No.

No. V St.

Primary Registration District No. 6

Registered No.

Hospital Ind

FULL NAME OF CHILD Ruby NAMIKO Murakami

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Feb. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel ~~Murry~~ Murakami	FULL MAIDEN NAME	Konami Kyogoku
RESIDENCE	Ashton	RESIDENCE	Japan Ashton Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 20/11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Hargis M.D.

(Physician or midwife)

Given names added from a supplemental report.

Feb 26 1915

E. S. Hargis
Registrar

Address Ashton Idaho

Filed 1915

Registrar

CO. 24656

869-101-006-949

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31617

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 101

FULL NAME OF CHILD Rudolph Horsch Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudolph Horsch	FULL MAIDEN NAME	Lizzie Runnimann
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Emma Runnimann MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed June 1 1915 Memer Runnimann

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-221-0065643

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31618

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 103

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	June 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Maurice Carpenter	FULL MAIDEN NAME	Freda Rickia Fritz
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed June 22 1915 [signature]

Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-117-006-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31619

County of Bingham

City of Aberdeen

Registration District No. 116 **File No.** 3

No. ..... *St.*

Primary Registration District No. 2195 **Registered No.** 102

Hospital .....

FULL NAME OF CHILD Kent Moser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	June 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin Moser	FULL MAIDEN NAME	Carrie Badertscher
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Jan 17 1915 McMacKinnon

..... *Registrar* *Registrar*

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

996-228-001-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Riverside St.

Hospital

Registration District No. 8 File No. 31620

Primary Registration District No. 2004 Registered No. 28

FULL NAME OF CHILD Melba June Riopelle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.		Yes	6 28 1915

FATHER		MOTHER	
FULL NAME	Wm Riopelle	FULL MAIDEN NAME	Irene Hill
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Sweden
OCCUPATION	P. O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pulling Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Falk Bldg

Filed Jan 1st 1915 M. S. Parker

Registrar

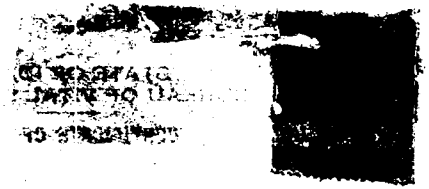
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-213-001-144

PLACE OF BIRTH

County of Ada

City of Boise

No. Neal Road or Foster Ranch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 31621

Primary Registration District No. 2004

Registered No. 27

FULL NAME OF CHILD Mildred Emmaline St. John

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	6 13 1915

FATHER	MOTHER
FULL NAME Wm P. St John	FULL MAIDEN NAME Elsie L. Addington
RESIDENCE Neal Road —	RESIDENCE
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Cal.	BIRTHPLACE Cal
OCCUPATION Laborer	OCCUPATION Hw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Allen Callaway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 6/18 1915 M. L. Parker
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

Dep. #1915. 150795

622-227-001-799

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31622

County of Ada

City of Boise

No. 96 Neal Road St.

Registration District No. 8

File No.

Primary Registration District No. 2007

Registered No. 24

Hospital

FULL NAME OF CHILD Margaret Harriet Osborne

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	—	yes	5 27 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Osborne	FULL MAIDEN NAME	Gertrude Gribble
RESIDENCE	Boise Ada	RESIDENCE	Boise Ada
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Eng.	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 19 15 M. J. Parker
Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1965

PLACE OF BIRTH

314-109-001-331

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. 2½ Mi West of Boise

Hospital

Registration District No. 8

File No. 31623

Primary Registration District No. 2004

Registered No. 24

FULL NAME OF CHILD Jackson Clark Lamberton

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank S. Lamberton	FULL MAIDEN NAME	Ethel Gu. Clark
RESIDENCE	Lamberton Addition	RESIDENCE	Lamberton Add'n
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Indiana
OCCUPATION	Real estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

Mid.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed June 12 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AGE AT LAST
BIRTHDAY

659-103-001-916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31624

County of Ada

City of

No. Cole School St.

Hospital

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 23

FULL NAME OF CHILD Victor Jackson Ferrell

Sex of Child	Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	3	yes	6 - 3 1915

FATHER		MOTHER	
FULL NAME	Henry J. Ferrell	FULL MAIDEN NAME	Lillian Rafferty
RESIDENCE	Cole School	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Salt Lake - Utah
OCCUPATION	Electrician	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V. Genoway

(Physician or ~~Midwife~~)

Given names added from a supplemental report

, 19

Address T. Mode Bldg

Filed June 5 1915 M. S. Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

592-131-001-483

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31625

County of Ada

City of Boise

Registration District No. 8 File No.

No. Near Franklin School

Primary Registration District No. 2004 Registered No. 22

Hospital

FULL NAME OF CHILD Harlan Miller Eisele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 31 1914

FATHER		MOTHER	
FULL NAME	William H. Eisele	FULL MAIDEN NAME	Floy Miller
RESIDENCE	Boise R.F.D 2.	RESIDENCE	Boise RFD 2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M on the date above stated.

(Signature) Maurice H. Tallmann, M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed June 2 1914 M. L. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 10 1951

893-123-001-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31626

County of Ada

City of Boise,

No. R. F. D. #2 St.

Hospital

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 21

FULL NAME OF CHILD Paul Jack Hill.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	May 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Z. Hill	FULL MAIDEN NAME	Henrietta L. Warren
RESIDENCE	R. F. D. #2	RESIDENCE	R. F. D. #2.
COLOR	White. AGE AT LAST BIRTHDAY 19 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Boise, Idaho.	BIRTHPLACE	Rocky Bar, Idaho.
OCCUPATION	Rancher.	OCCUPATION	Trained Nurse.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. C. Caudy D.O.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 28 1915 M. L. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-228-001-218

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 31627

Primary Registration District No. 1004

Registered No. 147

FULL NAME OF CHILD Mary Short

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	May 28 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. F. Short Jr	FULL MAIDEN NAME	Ada Boys
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Eagle Idaho	BIRTHPLACE	Meridian Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 1/15 at 12 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 6/7 1915 M. S. Parker
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 3627

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
date	June 1 -	May 28 - 1915

Subscribed and sworn to before me this .....
day of Dec., 19 42
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 11/4/47
(Seal)

Signed Ada B. Bartlett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

JUL 7 1967

791-128-001-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 2115 No 13th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 31628

Primary Registration District No. 1004 Registered No. 148

FULL NAME OF CHILD Antonio Peter Giambo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May (Month) 28th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio D. Giambo (known as T. D. Giambo)	FULL MAIDEN NAME	Margaret I Stanton
RESIDENCE	2115 No 13th St	RESIDENCE	2115 No. 13th 1915
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 6 [illegible] 1915 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

GIAMBO

1915-190837

753-102-001-986

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 31629

Primary Registration District No. 1004

Registered No. 149

FULL NAME OF CHILD Roger William Peters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Peters	FULL MAIDEN NAME	Gertrude E. Rhodenbaugh
RESIDENCE	1615 N. 25 St. Boise	RESIDENCE	1615 N. 25th St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	P. O. Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:A M, on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 6 June 1915 [signature]

Registrar

Registrar

8-7 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-205-001-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31630

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 160

FULL NAME OF CHILD Frances Teresa Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 5 1917

FATHER		MOTHER	
FULL NAME	James B. Anderson	FULL MAIDEN NAME	Anna Dixon
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	New York
		OCCUPATION	House Wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed June 16 1917

..... Registrar

S-Y CO. 24655

..... Registrar

MAR 31 1975

653-106-001-351

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 735 E. Jeff. St.

Hospital

Registration District No. 2

File No. 31631

Primary Registration District No. 1004

Registered No. 151

FULL NAME OF CHILD Cecil Arthur Weltzheimer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	June 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis F. Weltzheimer	FULL MAIDEN NAME	Mabel Alice Leaton
RESIDENCE	735 E. Jefferson	RESIDENCE	735 E. Jefferson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado (Durango)	BIRTHPLACE	Gladwin Michigan
OCCUPATION	teamster	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Lukey

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed 6-7 1915 [signature]

Registrar

Registrar

S-Y CO. 24652

NOV 18 1966

Certified copy issued [redacted]-1941. dp

134-210-001-251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

502 Ash St.

Hospital

Registration District No. 2 File No. 31632

Primary Registration District No. 1004 Registered No. 152

FULL NAME OF CHILD Antonio Aldecocea

Sex of Child Fe	Twin Triplet or other? and Number in order of birth Four (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 6 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Castor Aldecocea	FULL MAIDEN NAME	Juana Beascoa
RESIDENCE	502 Ash St	RESIDENCE	502 Ash St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain (Basco)	BIRTHPLACE	Spain (Basco)
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettington

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Talk Bldg Boise Idaho

Filed 6-11-1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO
ITAL STATISTICS
ATE OF BIRTH

593-108-001-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 31633

Registered No. 153

FULL NAME OF CHILD ?

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William C. Vickars	FULL MAIDEN NAME	Bess Blayney
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	California
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 6 Jan 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

C-9-115-001-386

Form V. ~~[illegible]~~ 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31634

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 154

Hospital

FULL NAME OF CHILD Richard Norman Neibaur

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		5	Yes	June 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. S. Neibaur	FULL MAIDEN NAME	Myrtle Thomson
RESIDENCE	225 Thatcher	RESIDENCE	225 Thatcher
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housekpr

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born living at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

Boise Ida
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 6-16 1915 [signature]
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 3634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Richard Norman Neibauer

Subscribed and sworn to before me this 6
day of Jan 1944

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Myrtle Neibauer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 7 1914

714-216-001-995

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31635

County of Ada

City of Boise

No. 2105 Boise Ave. St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 155

FULL NAME OF CHILD Thelma Paulson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	June 16th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis O. Paulson	FULL MAIDEN NAME	Lona E. Rieri
RESIDENCE	2105 Boise Ave.	RESIDENCE	2105 Boise Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6-17 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1950

769-115-001-241

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 622-S13 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31636

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 156

FULL NAME OF CHILD Harold ~~Eagon~~ EAGON Goreman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. ~~Eagon~~ EAGON Goreman	FULL MAIDEN NAME	Nellie Smart
RESIDENCE	622 S-13	RESIDENCE	622-S13
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minnesota
OCCUPATION	RR Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9-10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L S Williamson M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 824 Franklin St

19

Filed June 19 1915 M. L. Parker
Registrar

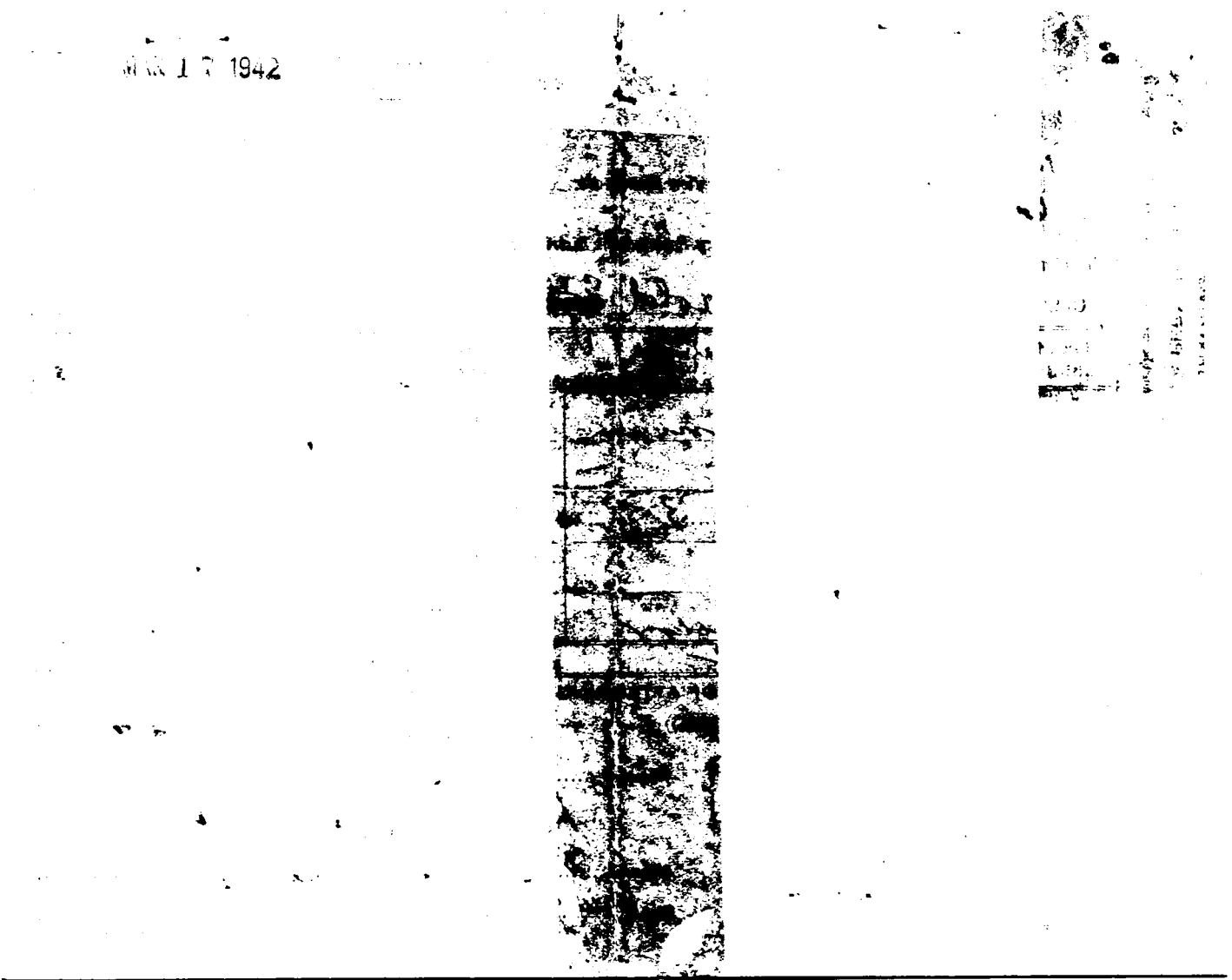
Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 1 7 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LOS ANGELES } ss.

Certificate No. 31636

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for (Name on Original Certificate) who WAS BORN (Was Born or Died) on JUNE 15 1915 (Date of Event)
in BOISE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Harold Egan Goreman	Harold Eagon Gorman
name of father	Charles Egan Goreman	Charles Eagon Gorman

Subscribed and sworn to before me this 12th
day of MARCH, 1944.
J. H. Higginbotham
Notary Public, residing at LOS ANGELES, CALIFORNIA
My commission expires SEPT. 14, 1944
(Seal)

Signed Nellie Almira Gorman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3482 WEST 81 STREET LOS ANGELES CALIF.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of LOS ANGELES } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of MARCH, 1944.
J. H. Higginbotham
Notary Public, residing at LOS ANGELES, CALIF.
My commission expires SEPT. 14, 1944
(Seal)

Signed Mrs. Lillian Terry
(Signature of Any Credible Person Other Than Previous Year)
3482 WEST 81 STREET LOS ANGELES CALIF.
(Street Address, City, State)

693-108-001-443

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31637

County of Ada.

City of Boise

No. 409 Thatcher St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 157

Hospital

FULL NAME OF CHILD Wardell DuChene Willis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George W. Willis	FULL MAIDEN NAME	Kathryn A. DuChene
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa.
OCCUPATION	Optometrist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Tangle (Physician or midwife)

Given names added from a supplemental report.

Address Boise

19

Filed 9/10 1915 M. S. Parker Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/22/41. wh

613-705-007-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31638

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration Di... 2

Primary Registration District No. 1004

File No. .....

Registered No. 158

FULL NAME OF CHILD Harris Ernest Falk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 6th 1915

FATHER		MOTHER	
FULL NAME	Leo F. Falk	FULL MAIDEN NAME	May M. Falk
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Boise Ida	BIRTHPLACE	San Francisco Cal
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo Calvert

(Physician or midwife)

Address Boise Idaho

Filed June 8th 1915 W. S. Parker

Registrar

S-Y CO. 24699

APR 17 1942

NOV 14 1942

AUG 12 1963
AUG 8 1966

752-121-001-646

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 31639

Registered No. 159

FULL NAME OF CHILD Fredrick August Geb, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fredrick A. Geb	FULL MAIDEN NAME	Elizabeth B. O'Donnell
RESIDENCE	411 No. 19 street	RESIDENCE	411 No. 19 street
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pennsylvania
OCCUPATION	Resturant man	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Tukey

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 315 Overland Bldg.

Filed June 24 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24652

MAY 5 1947

168-122-001-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 611 S-15 St.

Hospital St Alphonsus

Registration District No. 2 File No. 31640

Primary Registration District No. 1004 Registered No. 160

FULL NAME OF CHILD Edwin McClanahan Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Johnson	FULL MAIDEN NAME	Jennie McClanahan
RESIDENCE	611-S-15 St	RESIDENCE	611-S-15 St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address 824 Franklin St.

Filed June 26 1915 M. L. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-224-001-862

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31642

County of Ada

City of ~~Meridian~~ Boise.

Registration District No. ~~#~~ 2

File No.

No. ✓ St.

Primary Registration District No. ~~2003~~ 1004

Registered No. 162

Hospital St Lukes

FULL NAME OF CHILD Faye M. Garrett.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	April 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John G. Garrett.	FULL MAIDEN NAME	Mertie Hoseley
RESIDENCE	Meridian Ida	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewif

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 5/2 1915 ~~C. L. Dutton~~ M. L. Parker Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1967

DEC 10 1942

358-202-001-814

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 1404 N 14 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31643

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 193

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	June (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Lehman	FULL MAIDEN NAME	Leola Hammock
RESIDENCE	1404 N 14	RESIDENCE	1404 N 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacik

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Filed June 5 1915 M. S. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1972

365-112-001-638

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31644

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 194

FULL NAME OF CHILD Ernest Ray Congdon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert P. Congdon	FULL MAIDEN NAME	Mary D. Flynn
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Colo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Jan 16 1916 M. L. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

JUN 9 1975

219-216-00[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Roseberry

Registration District No. 1

File No. 31645

No. ..... St.

Primary Registration District No. .....

Registered No. 38

Hospital .....

FULL NAME OF CHILD Nancy Barker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) June (Day) 16 (Year) 1915

FATHER

FULL NAME William I Barker

RESIDENCE Roseberry

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amey Boidston

RESIDENCE Roseberry

COLOR AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmers wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma Stoedder

(Physician or midwife)

Address Roseberry Idaho

Given names added from a supplemental report.

..... 19.....

Filed July 10 1915 Ruth McDonald Deputy Registrar

..... Registrar

B-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1967

FEB 17 1967

245-219-004-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 5-5

File No. 31646

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lillian Rich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Bunderson	FULL MAIDEN NAME	Nerva Rich
RESIDENCE	St Charles.	RESIDENCE	St Charles.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	St Charles.	BIRTHPLACE	St Charles.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Paris Ida.

Filed July 20 1915 John Mattson Registrar

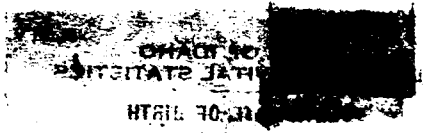
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 06 2010

168-202-046-884

[redacted] -15-12

BUREA[redacted]

CERTIFICA[redacted]

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 31647

Registered No. .....

FULL NAME OF CHILD ERMA JOHNSON ~~not named~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female ~~Male~~	1		9	Yes	July 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Heber Johnson	FULL MAIDEN NAME	Alice L Hymas
RESIDENCE	Albion Ida	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Address Albion Ida

Filed July 20 1915 R H Greene Registrar

Given names added from a supplemental report

..... 19 .....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 31647

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Erma Johnson
Sex of child	Male	Female

Subscribed and sworn to before me this ~~31st~~ 7th day of ~~January~~ Febr., 19 42

Notary Public, residing at Boise, Idaho

My commission expires
(Seal)

Signed Alice T. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

919½ Main St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

FEB 9 1942

MAR

884-124-06-268

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

31648

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Floyd Hymas

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	5	Yes	June (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos N Hymas	FULL MAIDEN NAME	Mary J Boyl
RESIDENCE	Albion Ida	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report

June 24 1915

R H Greene
Registrar

Address Albion

Filed July 1915

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319-105-016-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 31649

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Albert Lorenza Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	2	Yes	July 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sofus Larsen	Elsie J. Twitchell
RESIDENCE	Albion	Albion
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	23 (Years)
BIRTHPLACE	Farre Denmark	Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Green

Physician (Physician or midwife)

Address Albion

Given names added from a supplemental report

..... 19.....

Filed July 19 15

..... Registrar

..... Registrar

8-Y CO. 20174

395-110-016-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 31650

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Arnold Matthew Tremayne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	Yes	May 18 (Month) (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Matthew Tremayne	FULL MAIDEN NAME	Margaret Tremayne
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10-15-A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Greene

Physician (Physician or midwife)

Address Albion

Filed May 19 15

Given names added from a supplemental report.

..... 19.....

..... Registrar

Registrar

S-Y CO. 24655

966-228-016-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 31651

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Florence Rooker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	6	Yes	June 28 1915

	FATHER	MOTHER
FULL NAME	John S Rookes	FULL MAIDEN NAME Janet D King
RESIDENCE	Albion Ida	RESIDENCE Albion Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Albion Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 15 1915 R N Greene Registrar

8-Y CO. 20174

MAR 2 6 1974

319-110-016-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 31652

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Cecil & Cyril Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Males	2	Yes	April 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry D. Carpenter	FULL MAIDEN NAME	Rose E Mills
RESIDENCE	Albion Ida	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Carpenter

Father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Albion

Filed July 10 1915 R. H. Greene Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-204-040-636

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VIT[redacted]CS
CERTIFICATE [redacted]

31653

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 22

Hospital Providence

FULL NAME OF CHILD Wilson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	one	1st	Yes	5 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Wilson	FULL MAIDEN NAME	Ula O'Conner
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 40 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowry

Physicians

(Physician or midwife)

Given names added from a supplemental report.

19

Address Wallace Ida

Filed May 20 1915 F. Les Tinley

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

814-105-70

Amended 10-26-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31654
Local Reg. No. 23
Reg. Dist. No. 70

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

d. STREET ADDRESS (If rural, give location): Interstate Mine

3. CHILD'S NAME (Type or print)

a. (First): Daniel

b. (Middle): James

c. (Last): Hammill

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 5 (Day) 5 (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): James

b. (Middle): A.

c. (Last): Hammill

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Maine

10. USUAL OCCUPATION: Miner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hazel

b. (Middle):

c. (Last): Mitchel

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): South Dakota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Mowery

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallace, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 20, 1915

22. REGISTRAR'S SIGNATURE: F. Leo Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No

...ISTICS, BOISE, IDAHO. ...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 31654
County of ..... } Date Filed .....

RECEIVED OCT 15 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for ..... (Name on Original Certificate) who BORN (Was Born or Died) on MAY 5, 1915 (Date of Event) in WALLACE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Daniel James Hammill
name of father	James O. Hommell	James A. Hammill

Subscribed and sworn to before me this 13th day of [illegible], 19[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

10-16-64. one copy pd. rec. #5575.

Advertising Statement, The Columbian, Vancouver, Washington, dated April 8, 1958, Not. Hr. Final Rep. Pet. #15344, (James Alexander Hammill), March 25, April 1, 8 - viewed by V.S.

Superior Court of State of Washington in and for the County of Clark, Matter of the Estate of James Alexander Hammill, deceased - Letter of Administration, dated Sept. 13, 1957 - gives full name as Daniel James Hammill - viewed by V.S.

Superior Court of State of Washington in and for the County of Clark, Matter of the Estate of James Alexander Hammill, No. 15344, Order Approving Final Report, Order of Distribution and Closing Estate, gives full name of Administrator as Daniel James Hammill - dated April 2, 1958 by Judge J. Guthrie Langsdorf - viewed by V.S.

219-107-040-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31655

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 24

Hospital Providence

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1st	Yes	5/7 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe H Barnhart	FULL MAIDEN NAME	Clyde Stone
RESIDENCE	Kellog Ida	RESIDENCE	Kellogg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowary

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed May 20 1915 F. Leo Tumley

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP - 7 1967

249-109-040-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. 31656

Primary Registration District No. 1011

Registered No. 25

FULL NAME OF CHILD Melbourne Sutherland Smith

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 9 1915

FATHER		MOTHER	
FULL NAME	Arnold Leslie Smith	FULL MAIDEN NAME	Vera Edna Sutherland
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Canada
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Norman E. Hanson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed May 20 1915 Theo Tinsley

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

449-118-040-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

*No*_____, _____ *St.*

Hospital Home

Registration District No. 70 **File No.** 31657

Primary Registration District No. 1011 **Registered No.** 26

FULL NAME OF CHILD Richard Murray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 8 1915

	FATHER	MOTHER
FULL NAME	Richard J. Murray	Edith Margaret Johnson
RESIDENCE	Wallace, Idaho.	Wallace, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	20 (Years)
BIRTHPLACE	South Dakota	State of Missouri
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was F M Male (Born alive or stillborn) at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) Edward C. Johnson

(Physician or Midwife)

Address

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed May 20 1915 F Leo Dunphy *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 1 1 1942

349-101-040-767

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 31659

No. 708, Cedar St.

Primary Registration District No. 1011

Registered No. 28

Hospital

FULL NAME OF CHILD Engelbert Turk

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		Yes	June 1st, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Engelbert Turk	FULL MAIDEN NAME	Berta Pop
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Hungaria
OCCUPATION	Tailor	OCCUPATION	—

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dfe June 1st 1915, at 5 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed June 1 1910 F. Leo Tundy

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JAN 20 1964

652-101-040-739

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 31660

No. ..... St.

Primary Registration District No. 1011

Registered No. 30

Hospital Providence

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		2d	yes	June 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Westfall	FULL MAIDEN NAME	Anna Glidden
RESIDENCE	Silder, Mont.	RESIDENCE	Silder Mont.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Wash.
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida.

Filed June 10 1915 F. Leo Sunday

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-104-040-632

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 31661

Primary Registration District No. 1011 Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1st	yes	June 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Matt Mickelsen	FULL MAIDEN NAME	Hilda Olson
RESIDENCE	Mace Ida	RESIDENCE	Mace Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finnland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed June 10 1915 F. Leo Fundy
Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-106-040-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 31662

No. ..... St.

Primary Registration District No. 1011

Registered No. 32

Hospital Providence

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One (To be answered only in event of plural births)	1st	Yes	June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Zachow	FULL MAIDEN NAME	Rose Laos
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis	BIRTHPLACE	Wash.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Ida

Registrar

Filed June 10 1915 F Leo Tuesday Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-110-040-244

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of [redacted] Place

Registration District No. 40

File No. 31663

No. ..... St.

Primary Registration District No. 1011

Registered No. 33

Hospital Providence

FULL NAME OF CHILD Lowell Eldon Edwards

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1st	Yes	June 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Edwards	FULL MAIDEN NAME	Mabel Sumner
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed June 21 1915 F Leo Tundy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 29 1941

DECEASED

296-112-040-434

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 31664

No. ..... St.

Primary Registration District No. 1011

Registered No. 34

Hospital Providence

FULL NAME OF CHILD Harold James Brookes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	3rd	Yes	June 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H. Brookes	FULL MAIDEN NAME	Elizabeth McDonald
RESIDENCE	Pekoa Wn.	RESIDENCE	Pekoa, Wn.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Wash.
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed JUN 21 1915

F. Leo Tinsley
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/22/41 L. B.

385-113-040-241

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 31665

No. ____ St.

Hospital Providence Primary Registration District No. 1011 Registered No. 35

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

FULL NAME OF CHILD Frederick Treul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1st	Yes	6 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Treul	Helen Engell
RESIDENCE	Black Bear	Black Bear
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Austria	Austria
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howard

(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed JUN 21 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUPOZ 1915-201104

445-114-040-81 Bil Dr. F. Leo Fingley - Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Osborne Road St.

Hospital

Registration District No. 70

File No. 31666

Primary Registration District No. 1011

Registered No. 36

FULL NAME OF CHILD George Harvey Duncan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	JUN 14 1915

FATHER		MOTHER	
FULL NAME	Charles Allen Duncan	FULL MAIDEN NAME	Catherine Jane Harvey
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Iowa
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.08 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

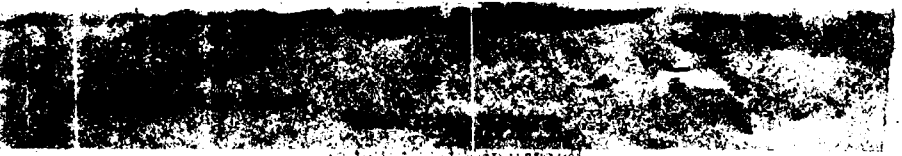
Address

Registrar

Filed JUN 21 1915 19 F. Leo Fingley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



FEB 16 1955

693-119-040-316

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31667

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 37

FULL NAME OF CHILD John Joseph Fitzpatrick

Sex of Child: M	Twin, Triplet or other? one (To be answered only in event of plural birth)	and Number in order of birth: 1st	Legitimate? yes	Date of Birth: June 19 (Month) (Day) 191 5 (Year)	

FATHER		MOTHER	
FULL NAME	John J. Fitzpatrick	FULL MAIDEN NAME	Eugenia Lafevre
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mont	BIRTHPLACE	Idaho
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed JUN 21 1915

J Leo Dunphy

Registrar

8-Y CO. 24655

DUP 06 1915-257564

256-221-040-319

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 31668

Primary Registration District No. 1011 Registered No. 38

FULL NAME OF CHILD Ruth Clara Snow

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Ox	4th	Yes	Jun 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Snow	FULL MAIDEN NAME	Anna Carson
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kan.	BIRTHPLACE	Colo.
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physicians
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address City

Filed JUN 21 1915 19____ F. Leo Sunday
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1940

366-226-040-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 31669

Primary Registration District No. 1011 Registered No. 37

FULL NAME OF CHILD Virginia Towles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	1		1	yes	Jun 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Therrett Towles	FULL MAIDEN NAME	Sadie Mattson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Dist. Columbia	BIRTHPLACE	Idaho
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace

Filed JUN 30 1915 H. Lee Lundy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1975

243-121-040-243

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 10

File No. 31670

No. ..... St.

Primary Registration District No. 1011

Registered No. 40

Hospital Providence

FULL NAME OF CHILD Joseph Patrick Sullivan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1st	yes	June 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Patrick Sullivan	FULL MAIDEN NAME	Catherine Sullivan
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed JUN 30 1915 H. Lee Tuttle
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-217-040-817

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31671

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 63

Hospital

FULL NAME OF CHILD Violet Kathleen Tendall

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	One	3d	yes	June 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lars O. Tendall	FULL MAIDEN NAME	Tilda Hage
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

19

Address City

Filed 6/28 1915 H. C. Mowery Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1967

249-223-040-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH amended 2/28/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 31672

No. ..... St.

Primary Registration District No. 2200

Registered No. 62

Hospital .....

FULL NAME OF CHILD Carlene Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	5th	Yes	June 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur T. Smith	FULL MAIDEN NAME	Thellie Andrews
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Idaho

Filed 6/28 1915 H C Mowery
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 10 01 AM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Maryland
County of Prince Georges } ss.

Certificate No. 31672
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hilda Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 21, 1915 (Date of Event)

in Wallace, Idaho (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Hilda Smith	~~Vivian~~ Carlene Smith
date of birth	June 21, 1915	June 23,1915

Subscribed and sworn to before me this 30th day of January, 1980.

Notary Public, Donald Y. Mills
Residing at 10151 Colesville Rd Silver Spring, MD
My commission expires July 1, 1982
(Seal)

Carlene S. Hayes
Signature of Applicant
517 Gilmoure Dr. Silver Spring, Md 20901
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1[illegible] day of January, 1980.

Notary Public, [illegible]
Residing at Indio, California
My commission expires August 10, 1982
(Seal)

OFFICIAL SEAL
DORA B. RODRIGUEZ
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Aug. 10, 1982

[illegible]
Supporting Signature

[illegible]
Street Address, City, State

CL 1/3/80 lcc pd. XXX. [illegible]

U.S. Passport gives name as Carlene Smith Hayes born June 23. 1915 at Idaho. date os issue Feb 13,1973. viewed by V. S.

Transcirpt from Wallace High school gives name as Carlene Smith. born June 23, 1915. ~~xxx~~ enterd school Sept 2, 1930. graduated June 9, 1933. viewed by V. S.

381-122-040-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31673

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 61

FULL NAME OF CHILD Chester Paul Chastek

Sex of Child: M	Twin Triplet or other? one and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Chastek	FULL MAIDEN NAME	Alexandria Holeroon
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery.

Physician (Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report.

..... 19.....

Filed 6/28 1915 H. C. Mowery Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1944

JUL 22 1957

691-185-040-691

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 31674

Primary Registration District No. 2200 Registered No. 60

FULL NAME OF CHILD Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2d	yes	June 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh S. Frazier	Margaret Frazier
RESIDENCE	Sunset Ida	Sunset, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Nova Scotia	Nova Scotia
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D S Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/25 1915 D. S. Mowery Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

211 - 211-040-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 31675

Primary Registration District No. 2200 Registered No. 59

FULL NAME OF CHILD Mary Mildred Saari

Sex of Child F | Twin Triplet or other? One | and Number in order of birth 1st | Legitimate? Yes | Date of Birth June 11 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jacob Saari	FULL MAIDEN NAME Mary Merilu
RESIDENCE Gem	RESIDENCE Gem
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Finland	COLOR W
OCCUPATION Merchant	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE Finland
	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physicians

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/15 1915 H E Mowry Registrar

8-Y CO. 24655

237-109-040-254

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31676

County of Shoshone

City of Osborne

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 58

Hospital

FULL NAME OF CHILD Floyd ~~Harmon~~ Harmond St. Germain

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Twin		3d	yes	June 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter St Germain	FULL MAIDEN NAME	Lucille Kemp
RESIDENCE	Osborne Ida	RESIDENCE	Osborne Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ohio
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Idaho

19

Filed 6/15 1915 H C Mowery
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

237-209-040-237

ND "14

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of [redacted]sborne

Registration District No. 122

File No. 31677

No. ..... St.

Primary Registration District No. 2200

Registered No. 54

Hospital .....

FULL NAME OF CHILD Florence Evelyn St. Germain

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	2d	yes	June 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Walter St Germain	FULL MAIDEN NAME	[redacted]cille Kemp
RESIDENCE	Osborne Ida	RESIDENCE	Osborne, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ohio
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (alive or stillborn) at 10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Idaho

Filed 6/15 1915 H Mowery Registrar

..... Registrar

8-Y CO. 24655

FEB 16 1949

449-226-036-791

No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIR[redacted]

County of Oneida

City of Samaria

Registration District No. 26 File No. 31678

No. ..... St.

Primary Registration District No. 2069 Registered No. 58

Hospital .....

FULL NAME OF CHILD Sarah Murray

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			two	yes	Jan (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Murray	FULL MAIDEN NAME	Luella Bratchell
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed 4/25 1915 D Kay Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR B[redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS IS [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN mu[redacted] of each, in order of birth stated.

613 - 215 - 036 - 413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Cherry creek

Registration District No. 26 **File No.** 31679

No. ..... *St.*

Primary Registration District No. 2069 **Registered No.** 159

Hospital .....

FULL NAME OF CHILD Mary Facer

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	2 (To be answered only in event of plural births)	yes	Mar. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alma Facer	FULL MAIDEN NAME	Rose Dalton
RESIDENCE	Cherry creek Ida	RESIDENCE	Cherry creek Utah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Willard, Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria, Idaho

Filed Apr 15 1915 D C Ray

..... Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

File No. [redacted]

363-203-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31680

County of Owyhee

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 60

FULL NAME OF CHILD Grace Colton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Apr 2 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME Morgan J Colton	FULL MAIDEN NAME Millie Thorp
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Malad	BIRTHPLACE Samaria
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:35 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

(Physician or midwife)

Address Malad

Filed 4/5 1915 D C Ray Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida

Certificate No. 31680

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Unnamed Colton (Female) (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Grace Colton

Subscribed and sworn to before me this 11th day of January, 1977

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Malad, Idaho
My commission expires September 1, 1980
(Seal)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1977

Signed [illegible]
(Signature of Any Credible Person)

Notary Public, residing at Malad, Idaho
My commission expires September 1, 1980
(Seal)

360 N 300 W Malad Idaho
(Street Address, City, State)

FORM DH 60-155

Certif of Baptism and Confirmation from the LDS Church gives nameas Grace ~~Colton~~ Colton daughter of Morgan Colton and Millie Thorpe. Born April 3, 1915 at Malad, Idaho. Baptized Oct 9, 1923. viewed by V. S.

FEB 8 1977

Marriage License and certifi from Idaho gives names as John Hill and Grace Colton. dted March 21, 1934. viewed by V. S.

165-203-036-551

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 20

File No. 31681

Primary Registration District No. 2069

Registered No. 61

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	9	Yes.	4 - 3 - 191

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Evan W. Jones.	Mary Evans
RESIDENCE	Malad Ida.	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	43
BIRTHPLACE	Malad Ida.	Malad Ida
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Colored (Born alive or stillborn) at 8:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Nuns. M.D

Malad Ida

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4/5/15 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1968

819-106-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31692

Primary Registration District No. 2069 Registered No. 67

FULL NAME OF CHILD David Jones Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	4-6-1915

FATHER		MOTHER	
FULL NAME	Alfred Harrison	FULL MAIDEN NAME	Maggie Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M on the date above stated.

(Born alive or stillborn)

(Signature) D C Gray M D

(Physician or midwife)

Address Malad City Ida

Filed 4/10 19 15 D C Gray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____ _____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1944
NOV 2 1944

271-117-036-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31683

Primary Registration District No. 2069 Registered No. 63

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy C Spahr	FULL MAIDEN NAME	Mabel Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Filed 4/21 1915 D C Ray Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-212-036-313

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 7/19/76

CERTIFICATE OF BIRTH

31684

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 64

Hospital

FULL NAME OF CHILD Marjorie Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
ff		yes	4 12 1915

FATHER		MOTHER	
FULL NAME	John T Jones	FULL MAIDEN NAME	Margaret Caldwell
RESIDENCE	Greenford Ida	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 40 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad City Ida

Filed 4/15 1915 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED, FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 16 1976
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 31684

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margeria Jones (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Margeria Jones	Marjorie Jones

Subscribed and sworn to before me this 9th day of July, 1976.

Notary Public, residing at Downey, Ida
My commission expires May 4, 1978
(Seal)

Signed Milton Hyde
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Downey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1976.

Notary Public, residing at Downey, Ida
My commission expires May 4, 1978
(Seal)

Signed LaVar Johnson
(Signature of Any Credible Person)

Downey Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/24/75

Certif of Baptism and Confirmation from the LDS Church gives nameas Marjorie Jones daughter of John T. Jones and Margaret Caldwell born April 13, 1915 at Malad, Idaho. Baptized Feb 3, 1924. viewed by V. S

JUL 19 1976

Marriage License from Idahogives nameas Keith W. Hyde and Marjorie Jones. dated Aug 25, 1934. viewed by V. S.

299-214-036-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31685

Primary Registration District No. 2069 Registered No. 65

FULL NAME OF CHILD Ruth Briggs

Sex of Child fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 4 (Month) - 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Edw Briggs	FULL MAIDEN NAME	Cora Althea Barlow
RESIDENCE	Malad	RESIDENCE	same
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was for alive at 10.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 4/15 1915 D Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

619-214-036-897

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Needs

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31686

Primary Registration District No. 2069 Registered No. 66

FULL NAME OF CHILD Lois Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fl		yes	4 - 14 1915

FATHER		MOTHER	
FULL NAME	Leo Warner	FULL MAIDEN NAME	Ella Higginson
RESIDENCE	Burst Ida	RESIDENCE	same
COLOR	Wh	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:19 a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad City Ida

Filed 4/15 1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

MAR 7 1973

313-114-036-465

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

:31687

County of Oneida

City of St John

No. ..... St.

Hospital .....

Registration District No 26 File No. .....

Primary Registration District No 2069 Registered No. 61

FULL NAME OF CHILD Hiram Barton Talbot

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	3	yes	Apr 14 1915

FATHER		MOTHER	
FULL NAME	Andie Talbot	FULL MAIDEN NAME	Mariam M. Monson
RESIDENCE	St John	RESIDENCE	St John
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ogden Utah	BIRTHPLACE	St John Ida.
OCCUPATION	Farmer	OCCUPATION	House wife

†Number of child of this mother, including present birth Three Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A. McAllister

Mid. wife (Physician or Midwife)

Given names added from a supplemental report

Address Malad Ida

..... 19.....

Filed 4/20 1915 D. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

893-116-036-551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31688

Primary Registration District No. 2069 Registered No. 68

FULL NAME OF CHILD BENJAMIN FRANKLIN HILL

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	6	Yes	4 - 16 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Hill	FULL MAIDEN NAME	Annie Evans
RESIDENCE	Malad Idn	RESIDENCE	Malad Idn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad Idn	BIRTHPLACE	Malad Idn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.
Malad Idn
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 1/

Filed 1/20 1915 D. Ray
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

JAN 28 1942

Certificate No. 31688

Date Filed January 21, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Benjamin Franklin Hill (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 16, 1913 (DATE OF EVENT)
in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at that time (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hill	Benjamin Franklin Hill

Subscribed and sworn to before me this 21st day of January, 19 42

M. Blaine Peterson

Notary Public, residing at Ogden, Utah

My commission expires May 14, 1945

(SEAL)

Signed X Edward A. Hill
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Malad, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 17 1952

386-117-036-155

Form V. S. No. 11-C—Jan. 6-20-11

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31689

Registration District No. 76

File No. .....

Primary Registration District No. 2069

Registered No. 69

FULL NAME OF CHILD Irven Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		Yes	April 17, 1915

FATHER		MOTHER	
FULL NAME	Henry J Thomas	FULL MAIDEN NAME	Maryann Jenkins
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Samaria	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	House keeping

Number of child of this mother, including present birth ... first

Number of children, of this mother, now living, including present birth ... three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Catherine Hamlin

Midwife (Physician or Midwife)

Address Samaria Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/26 1915 J C Ray Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 18 1963

862-118-036-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital —

Registration District No. 26

File No. 31690

Primary Registration District No. 2069

Registered No. 70

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	4 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David M. Haskins	FULL MAIDEN NAME	Elva Morris
RESIDENCE	Portage Utah	RESIDENCE	Portage U.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Monaco Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:25 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.

Malad Ida.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 4/25 1915 D C Ray

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

415-122-036-165

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31691

Primary Registration District No. 2069 Registered No. 71

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	7	Yes	4-22-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. J. Davis.	Rachel Jones.
RESIDENCE	Malad Ida.	Malad
COLOR / AGE AT LAST BIRTHDAY (Years)	White 37	White 34
BIRTHPLACE	Malad Ida.	Malad Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:02 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4/23 19 15 D. C. Ray Registrar

S-Y CO. 24658

386-225
036-665

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad.

No.

Hospital

...ation District No. 76

File No. 31692

Primary Registration District No. 2069

Registered No. 4

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	1	Yes	4 - 25 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Thomas.	FULL MAIDEN NAME	Lilly Owen
RESIDENCE	Malad.	RESIDENCE	Malad Idn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad Idn.	BIRTHPLACE	Liverpool Eng.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad Idn

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

Filed 11/26 1915

D C Ray

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Print

514-126-036-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 76 File No. 31693

Primary Registration District No. 2069 Registered No. 73

FULL NAME OF CHILD CLAIR DANIELS VAUGHAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	Yes	4 – 26 – 19

FATHER	MOTHER
FULL NAME Homer Vaughan	FULL MAIDEN NAME Rachel Daniels
RESIDENCE Malad.	RESIDENCE Malad, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Malad Ida	BIRTHPLACE Malad Ida
OCCUPATION Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerr M.D

Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Registrar

Address _____

Filed 4-26 1919 D C Reay Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson }

Certificate No. 31693

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clair Daniels Vaughan (Name on Original Certificate) who Born (Was Born or Died) on April 26th 1915 (Date of Event)
in Malad City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby Book record (Bible Record, Insurance Policy, Etc.) prepared on Date of his birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Clair Daniels Vaughan
father's name	Homer Vaughn	Homer Vaughan

Subscribed and sworn to before me this 27th
day of February 1942

Notary Public, residing at Independence Mo

My commission expires April 6th 1944
(Seal)

Signed Homer Vaughan Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1802 Harvard, Independence Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Jackson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February 1942

Notary Public, residing at Independence Mo.

My commission expires April 6th 1944
(Seal)

Signed George M. Poel M.D.
(Signature of Any Credible Person Other Than Previous Year)

11401 E 19th St Independence Mo.
(Street Address, City, State)

1942

847-222-036-565

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31695

County of Oneida

City of Tamarack

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 74 1/2

Hospital

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f	twin	2	yes	4 22 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Hughes	FULL MAIDEN NAME	Florence Longet
RESIDENCE	Tamarack Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	home mkr

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.40 P M on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Mallard Ida

Filed 5/30 19 15 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

PLACE OF BIRTH

OCT 7 1974

168-222-036-793

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Samaria

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31696

Primary Registration District No. 2069 Registered No. 75

FULL NAME OF CHILD Emma Johnson

Sex of Child: Fem	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 4 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Johnson	FULL MAIDEN NAME	Florence Gill
RESIDENCE	Samaria	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Naiad City Ida

Filed 4/25 1915 D C Ray

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED AUG 28 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Douglas

Certificate No. 31696

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Johnson (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1915 (Date of Event) in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] affidavit (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Emma Johnson

Subscribed and sworn to before me this 24th day of August 1967

Notary Public, residing at [illegible]
My commission expires
(Seal)

WILFRED D. JONES
NOTARY PUBLIC, STATE OF NEVADA
DOUGLAS COUNTY
My Commission Expires December 17, 1967

Signed Florence Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gardnerville Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Douglas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August 1967

Notary Public, residing at [illegible]
My commission expires
(Seal)

WILFRED D. JONES
NOTARY PUBLIC, STATE OF NEVADA
DOUGLAS COUNTY
My Commission Expires December 17, 1967

Signed Mae Jones
(Signature of Any Credible Person)

Box 215 Gardnerville Nevada
(Street Address, City, State)

CL 9-7-67 [illegible]

FORM DH 60-155

Temple Recommend, Aug. 15, 1960 gives full name as Emma Johnson Morris, born April 22, 1915 at Samaria, Idaho to Frank Johnson and Florence Gill - baptized ~~April~~ November 5, 1928 - viewed by V.S.

AUG 29 1967

Social Security Statement of Earnings, Soc. Sec. #530-10-8345, gives full name as Emma Johnson Morris - born April 22, 1915 - Morris is married name - viewed by V.S.

132-226-036-613

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

*** 31697**

PLACE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 26

Hospital

FULL NAME OF CHILD Elanore Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fl			yes	4 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Atkinson	Annie Waldron
RESIDENCE	Samaria	same
COLOR / AGE AT LAST BIRTHDAY (Years)	wh 47	wh 39
BIRTHPLACE	Ida	Ida
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive at 2 40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or Midwife)

Address Malad City Ida

Filed 4/28 19 15 D C Ray
Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1901

165-105-036-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 31698

Primary Registration District No. 2069 Registered No. 77

FULL NAME OF CHILD Frayne B. Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 5 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R Jones	Peggy Cake
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:15 A M on the date above stated.

(Signature) J. F. Alston

(Physician or midwife) Physician

Address Malad

Filed 5/10 1915 D. Kay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

High School Diploma, Malad High School, Malad, Idaho, May 16, 1934 gives full name of student as Frayne B. Jones - viewed by V.S. Designation of Beneficiary, Beneficial Life Insurance Company, dated Nov. 26, 1949 and signed by insured, Frayne B. Jones at Malad, Idaho - witnessed by Edith . Jones - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida }

Certificate No. 31698

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jones (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 30 1915 Graduation diploma (Give Date) May 1934. are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frayne B. Jones

Subscribed and sworn to before me this 16 day of Dec. 1961

Jas C. Jones

Notary Public, residing at Malad City, Idaho
My commission expires Nov. 20, 1964
(Seal)

Signed Mrs Agnes C Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

274 West 300 North, Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February 1962

Daniel O. Jones

Notary Public, residing at Malad, Idaho
My commission expires 7-26-63
(Seal)

Signed Mabel C Wetherspoon
(Signature of Any Credible Person)

308 W 700 N, Malad City
(Street Address, City, State)
Idaho

FORM DH 60-155 CL 10-24-61. one copy pd. rec. #2981.

FEB 27 1962

433-208-036-55-2

PLACE OF BIRTH Amended September 19, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 31699

Primary Registration District No. 2069 Registered No. 78

FULL NAME OF CHILD MARY FREW McLEAN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5 - 8 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Andrew G. McLean	FULL MAIDEN NAME	Elvira Vest
RESIDENCE	Holbrook, Idaho	RESIDENCE	Holbrook, Idaho
COLOR	white — AGE AT LAST BIRTHDAY 40 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Mona, Utah
OCCUPATION	Farmer & sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.

Malad, Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 5/10 1915 D.C.Ray
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 18 1951
DIVISION OF VITAL STATISTICS

State of Utah
County of Davis } ss.

Certificate No. 31699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Frew McLean (Name on Original Certificate) who Born (Was Born or Died) on May 6, 1915 (Date of Event)
in Lalad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Sworn Statement below (Bible Record, Insurance Policy, Etc.) prepared on Sept. 15, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name		MARY FREW McLEAN
Father's last name	McLain	McLEAN

Subscribed and sworn to before me this 15th day of September, 19 51

Arnold C. Reed
Notary Public, residing at Clearfield, Utah
My commission expires June 10, 1954
(Seal)

Signed Elvira Vest McLean Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Clearfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 19 51

Arnold C. Reed
Notary Public, residing at Clearfield, Utah
My commission expires June 10, 1954
(Seal)

Signed John H. Larsen
(Signature of Any Credible Person)
(John H. Larsen)
Clearfield, Utah
(Street Address, City, State)

FORM DPH - 51117

219-110-036-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Owyhee

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31700

Primary Registration District No. 2069 Registered No. 79

FULL NAME OF CHILD Ambrose Michael Barrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2 10 1915

FATHER		MOTHER	
FULL NAME	Michael Barrett	FULL MAIDEN NAME	Maudy Johnson
RESIDENCE	Malad City Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Ut
OCCUPATION	Laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Ray MD
(Physician or midwife)

Address Malad City Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/15 19 15 J C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Certified copy issued 2-4-1941. dp

SEP 30 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. 313-114-036-514 St.

Hospital

[redacted]

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 31701

Primary Registration District No. 2069

Registered No. 80

FULL NAME OF CHILD David Khalil Caldwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Caldwell	FULL MAIDEN NAME	Emily Vaughan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a sup[redacted]

Malad

Filed 6/10 1915 D Ray

Registrar

S-Y CO. 24655

[redacted]

[redacted]

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31701

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	David Khalil Caldwell

Subscribed and sworn to before me this 9 day of [illegible], 1942

[illegible signature]

Notary Public, residing at Boise

My commission expires 5/20/44
(Seal)

Signed Lewis Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 24 1942

Amended 9-15-60

PLACE OF BIRTH

699-114-036-814

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ____ St.

Registration District No. 26 File No. 31702

Hospital ____ Primary Registration District No. 2069 Registered No. 81

FULL NAME OF CHILD Royal J. Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 14, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Larmon P. Wright	FULL MAIDEN NAME	Hulga Hammer
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Address Malad

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed 6/10/1915 192.. D.C. Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from the Clerk of the Board of Education of Beaver County School District, State of Utah, Arlon P. Messinger, states that according to their School Records-Royal J. Wright was born May 14, 1915 to Hulda Wright - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 31702

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wright (Name on Original Certificate) who born (Was Born or Died) on May 14, 1915 (Date of Event) in Holbrook, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Royal J. Wright
Full Name of Father	Larmon B. Wright	Larmon P. Wright

Subscribed and sworn to before me this 14th day of Sept 1959

Harold L. Morris

Notary Public, residing at Milford, Ut.

My commission expires Jan. 23, 1962

(Seal)

Signed Floyd S. Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155 CL 9-2-59. one copy pd. receipt #14796.

Letter from Veterans Administration, written Jan. 18, 1957 to Mr. Floyd Wright concerning Larmon P. Wright - viewed by V.S.

Another child's birth certificate on file, #15283 - gives full name of father as Larmon P. Wright - viewed by V.S.

Own Child's Birth Certificate, certified copy of, State of Nevada, State File No. 587, March 16, 1943 gives full name of father as Royal James Wright- viewed by V.S.

386-222-036-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31703

Primary Registration District No. 2069 Registered No. 82

FULL NAME OF CHILD Zelma Sharpe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fl		yes	5 22 1915

FATHER		MOTHER	
FULL NAME	Joseph Sharpe	FULL MAIDEN NAME	Lucy Davis
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Ida

Filed 5/30 1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1960

695-229-036-451

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Neida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31704

Primary Registration District No. 2069 Registered No. 83

FULL NAME OF CHILD Myrtle May Fields

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fl			yes	5 29 1915

FATHER		MOTHER	
FULL NAME	William Fields	FULL MAIDEN NAME	Dora Dean
RESIDENCE	Malad	RESIDENCE	Same To Ponce
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cook	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 5/30 1915 D G Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2[illegible]

345-230-036-434

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 31705

No. ..... St.

Primary Registration District No. 2069 Registered No. 84

Hospital .....

FULL NAME OF CHILD Irene Lundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fe		yes	2 30 1915

FATHER		MOTHER	
FULL NAME	Claude Lundy	FULL MAIDEN NAME	Clara E McDonghall
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 22 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Cal.
OCCUPATION	Machinist	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 5/31 1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1967

296-231-036-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Onecha

City of Twenford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31706

Primary Registration District No. 2069 Registered No. 85

FULL NAME OF CHILD Nettie Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		No	2 31 1915

FATHER		MOTHER	
FULL NAME	Not known	FULL MAIDEN NAME	Hazel Brown
RESIDENCE		RESIDENCE	Malad
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	wh AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE		BIRTHPLACE	Kans
OCCUPATION		OCCUPATION	Laborer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Idaho

Filed 6-2 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11-15-56

Amended 5/24/72

Form V. S. No. 11-C—2m-1,1-13

PLACE OF BIRTH

514-209-036-331

County of Oneida

City of Malad

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31707

Primary Registration District No. 2069 Registered No. 86

FULL NAME OF CHILD EMILY HELEN VAUGHAN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	Yes	6-9-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Edwin Vaughan	FULL MAIDEN NAME	Carrie Clark
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Malad	BIRTHPLACE	E. Portage U.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2:35 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, MD

Malad Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/10 1915 D C Ray Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
NOV 15 '56
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 31767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Missing (Name on Original Certificate) who not born (Was Born or Died) on 4-9-25 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Baptismal record prepared on April 6, 1924, are:
School Record (Bible Record, Insurance Policy, Etc.) May 24, 1935 Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name	Missing	Emily Helen Vaughan

Subscribed and sworn to before me this 29th day of October, 19 56

Notary Public, residing at Malad, Idaho
My commission expires May 19, 1959
(Seal)

Signed √
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of October, 19 56

Notary Public, residing at Malad, Idaho
My commission expires 5/19/59
(Seal)

Signed Wade Vaughan
(Signature of Any Credible Person)

Malad City, Idaho
(Street Address, City, State)

FORM DPH 55. 155

SEP 27 1968

5 18 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss. MAY 23 10 56 AM '72

Certificate No. 31707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Emily Helen Vaughan (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1915 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Fathers name	Edward Vaughan	Thomas Edwin Vaughan

Subscribed and sworn to before me this 22nd day of May, 1972

Sistina M Michtelle Gute

Notary Public, residing at Idaho Falls

My commission expires Jan 20, 1974

(Seal)

Signed Ada Carrie Vaughan

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

MAY 24 1972

Family Record, appears old, givesname as Thomas Edwin Vaughan, born Sept. 26, 1868 at Malad, Idaho.
Viewed by VS

Marriage Certificate for Thomas Edwin Vaughan and Carrie A. Green, married June 4, 1914 Ogden, Utah.
Viewed by VS

Sisters birth certificate Ada Carrie Vaughan born Aug. 8, 1920 Malad, Idaho State file No. 83716 gives fathers name as Thomas Edwin Vaughan.
Viewed by VS

816-215-036-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31208

Primary Registration District No. 2071 Registered No. 87

FULL NAME OF CHILD Esther June Haws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gilbert S Haws	FULL MAIDEN NAME	Meda H Hanson
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Ablon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 6/20 1915 D. C. Ruy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1971

415-218-036-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ouida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31709

Primary Registration District No. 2069 Registered No. 88

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	6 (Month) - 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Davis	FULL MAIDEN NAME	Ethel Thomas
RESIDENCE	Malad	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Texas	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:00 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, MD
Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6/19 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-221-036-141

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31711

Primary Registration District No. 2069 Registered No. 90

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 21 1915

FATHER		MOTHER	
FULL NAME	Emrys J Davis	FULL MAIDEN NAME	Lillie Adams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Aldous

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Malad

Filed 7-7 19 15 D C Kay Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1968

155-125-036-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31712

Primary Registration District No. 2069 Registered No. 91

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred W. Jensen	FULL MAIDEN NAME	Martha McKay
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad

Filed 7-7 1915 D. Kay

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-076-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31713

Primary Registration District No. 2069 Registered No. 97

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 29 1915

FATHER		MOTHER	
FULL NAME	John C. Anderson	FULL MAIDEN NAME	Sina Sorenson
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alston

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-7 19 15 D. Ray Registrar

8-Y CO. 24655

OF BIRTH

735-204-036-816

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31714

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 93

FULL NAME OF CHILD _____

Sex of Child fl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 6 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Glied	FULL MAIDEN NAME	Clara Hawkins
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 39 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Ida

Filed 6-15 1915 D C Ray Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-111-036-386

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31716

PLACE OF BIRTH

County of Oneida

City of Samaria

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 95

FULL NAME OF CHILD Gilespy Thomas Waldron

Sex of Child: male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: 6 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Levi Gilespie Waldron	FULL MAIDEN NAME	Eliza Thomas
RESIDENCE	Samaria	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer & cattle	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Filed 6-12 1915 L C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/4/41. w.h.

MAR 15 1976

415-123-036-356

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 31717

Primary Registration District No. 2069 Registered No. 96

FULL NAME OF CHILD Glen Lewis Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	6 23 1915

	FATHER		MOTHER
FULL NAME	Titus D Davis	FULL MAIDEN NAME	Kate Lewis
RESIDENCE	Malad RFD	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad City Ida

Filed 7-1 1915 D.C. Ray M.D. Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-129-036-964

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 31718

No. _____ St.

Primary Registration District No. 2069

Registered No. 97

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 29 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Bailey	Annie Roderick
RESIDENCE	Samaria	same
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Utah	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P M on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 7-1 1914

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Pocatello Valley Registration District No. 11 File No. 31719

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 91

Hospital ____

FULL NAME OF CHILD Ray Edward Briggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	June 29, 1915

FATHER		MOTHER	
FULL NAME	George Ulmer Briggs	FULL MAIDEN NAME	Silona E. Clark
RESIDENCE	Pocatello Valley	RESIDENCE	Pocatello Valley
COLOR	medium dark	COLOR	medium dark
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Fielding, Utah.	BIRTHPLACE	Farmington, Utah.
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Catherine Hamblin

Midwife

(Physician or Midwife)

Address Samaria, Idaho

Filed 7-10 19 15 O. Clay Registrar

S-Y CO., 16670

FEB 7 1945

APR 10 1952

DECEASED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 31719
Local Reg. No. 98
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Pocatello Valley
(c) Street Address or R.F.D. No. N
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ray Edward Briggs

5. Date of Birth of Child (Month, day, year) June 29, 1945

6 Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Ulmer Briggs
11. Color or Race medium dark
12. Age at time of THIS birth 38 yrs.
13. Birthplace Fielding, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia E Clark
17. Color or Race medium dark
18. Age at time of THIS birth 26 yrs.
19. Birthplace [redacted] (City or town) (State or foreign country)
20. Exact Occupation Farmington Utah
21. Industry or Business Yeouse keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Catherine Hamblin Date Samaria Idaho

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

DC Ray Signature

P. O. Address

Subscribed and sworn to before me this 7, 10 day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar

50 ¢ Cin Coin wrapped in Paper

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

I would like a copy of my birth certificate and have filled in all the information I have as best I could, Please Rush — I enclose 50¢ for one [redacted] if only 50¢ [redacted]

Ray E Briggs
Aberdeen
Idaho
Box 234

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I need this for a job I am going to fill.

Thanks

I hope you can look it up with [illegible]

281-208-028-652

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31720

County of Kootenai,

City of Coeur d'Alene,

No. 717 B Street, St.

Hospital

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 25

FULL NAME OF CHILD Wilma Alice Shanks

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	Second	Yes	May (Month) 8th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Austin Claude Shanks	FULL MAIDEN NAME	Hazel Marie Webster
RESIDENCE	Coeur d'Alene, Idaho.	RESIDENCE	Coeur d'Alene, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Post Falls, Idaho.	BIRTHPLACE	State Center, Iowa.
OCCUPATION	Bookkeeper.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Second. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. C. Dwyer Phys

(Physician or midwife)

Address Coeur d'Alene Ida

Filed May 31 1915 Dr Max A. Dorland Registrar

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

295-128-028-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31721

County of Kootenai

City of Post Falls Ida

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 24

Hospital .....

FULL NAME OF CHILD Floyd Leon Kienholz

Sex of Child	~~Twin Triplet~~ or other?	and ~~Number~~ in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes	May (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy L. Kienholz	FULL MAIDEN NAME	Pearl E. Kirkpatrick
RESIDENCE	Rural Post Falls Ida	RESIDENCE	Rural Post Falls
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Bellingham Minn.	BIRTHPLACE	~~Rural~~ Kiesling Wash
OCCUPATION	Rancher	OCCUPATION	His-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 31 1915 Dr Max A. Dorland Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 13, 1941. E.W.

113-106-028-261

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31722

PLACE OF BIRTH

County of Kootenia

City of Post Falls.

No. ..... St.

Hospital .....

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 23

FULL NAME OF CHILD Richard Alfred Jacobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	1	yes	May 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Jacobson	Anna Swanson
RESIDENCE	Post Falls, Ida.	Post Falls, Ida.
COLOR	Wh.	Wh.
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Norway	Sweden
OCCUPATION	Lumber-mill man	H's wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 19 15 Dr Max A. Dorland Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 28 1942

753 - 8-028-796

PLACE OF BIRTH

Form P. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31724

County of Kootenai

City of Cd Alene

No. ..... St.

Hospital .....

Registration District No. 29. File No. 3

Primary Registration District No. 1050 Registered No. 22.

FULL NAME OF CHILD Edna Marie Peck.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1st	Yes	May (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Peck.	FULL MAIDEN NAME	Ellen Groves
RESIDENCE	Cd Alene Idaho	RESIDENCE	Cd Alene. Ida.
COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Cd Alene Idaho
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Dorland.

(Physician or midwife)

Given names added from a supplemental report

May 20. 1915

Max A Dorland. Registrar

Address Cd Alene Idaho

Filed May 31 1915 Dr Max A. Dorland Registrar

S-Y CO. 26174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-215-028-231

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31725

County of Kootenai

City of Post Falls, Ida

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 26

Hospital .....

FULL NAME OF CHILD Vera Grace Kruger

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F. Male	1		1	yes,	May	15	1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J. Kruger	FULL MAIDEN NAME	Elsie O. Stanke
RESIDENCE	Rural Post-Falls	RESIDENCE	Rural Post-Falls,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Russia	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	His wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1.05 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 19 15

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1973

DEC 1 2 2005

212-120-028-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 611 Coeur d'Alene St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31726

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 21

FULL NAME OF CHILD William Thomas Baslington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	4	20	15

FATHER		MOTHER	
FULL NAME	George Wesley Baslington	FULL MAIDEN NAME	Nellie Simpson
RESIDENCE	Nelson Idaho	RESIDENCE	Nelson Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Lumberer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 3:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M.D.

(Physician or midwife)

Address 611 Garden Ave Coeur d'Alene Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 30 19 15 Dr Max A. Copeland
Registrar

S-Y CO. 20174

OCT 1 2 1976

SEP 3 1942

769-228-028-256

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenia

City of Post Falls,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31727

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 20

FULL NAME OF CHILD Ruth Eleanor Gordon

Sex of Child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F. Male	1		1	Yes,	April 28 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Ralph Gordon	Hazel Lenore
RESIDENCE	Post-Falls,	Post-Falls,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Bancroft Mo.	Whiting Indiana
OCCUPATION	Depot agent	His wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F Campbell M D,

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 30 1915 Dr Max A. Dorland Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1955

412-104-028-439

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31728

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 19

FULL NAME OF CHILD Howard Walter ~~Masterman~~ MASTERMAN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	one	yes	April 4 1915

FATHER		MOTHER	
FULL NAME	Ernest P Masterman	FULL MAIDEN NAME	Martha Washington McDow
RESIDENCE	Spokane Wn	RESIDENCE	Spokane Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Telcor Wash.	BIRTHPLACE	Colville Wn
OCCUPATION	R R Clerk.	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 Noon on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Apr 30 1915 Dr Max W. Dorland
Registrar

S-Y CO. 24655

cc 4/2/41 OPMF

513-110-028-366

2

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

31729

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 18

FULL NAME OF CHILD Roy Eachon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	one	Yes.	Apr 10 1915

FATHER	MOTHER
FULL NAME Jacke Eachon	FULL MAIDEN NAME Mary Augusta Cooper
RESIDENCE Coeur d alene	RESIDENCE Coeur d Alene
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Austria	BIRTHPLACE Idaho
OCCUPATION Baker	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 30 1915 Dr Max A. Dorland

Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-17-41

DEC 14 19[illegible]

MAR 1 1943.

693-208-028-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31730

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 17

Hospital .....

FULL NAME OF CHILD Lillian Beatrice Fitzwilliams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Apr. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roger Fitzwilliams	FULL MAIDEN NAME	Alice Davis.
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Michigoumi. Mich.	BIRTHPLACE	Omro. Wis.
OCCUPATION	Laborer.	OCCUPATION	H W.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 4 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C D A. Ida.

Filed Apr 30 1915 Dr Max A. Dorland

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-211-028-211

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31731

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ____ St.

Primary Registration District No. 1050 Registered No. 16

Hospital ____

FULL NAME OF CHILD Evelyn Esther Best

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Apr. 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forrest Besh	Bessie Baardson.
RESIDENCE	C. D. A. Ida.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33.	31
BIRTHPLACE	Downing, Wis.	Vaneburg, Wis.
OCCUPATION	Laborer.	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or Stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Wood

(Physician or midwife)

Address C. D. A. Ida.

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Apr. 30 1915 Dr. Max A. Norland, Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/1/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 31731

County of ..... } MAR 1 3 50 PM '77 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Best (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1915 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Best	Evelyn Esther Best

Subscribed and sworn to before me this 26th day of November, 1976

Notary Public, residing at Bremerton

My commission expires 5/14/78

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Family Bible record ~~fxm~~ gives nameas Evelyn Esther Best. voen April 11, 1915. viewed by V. S.

Family group record gives name as Evelyn Esther Best born April 11, 1915 at Coeur d'Alene Idaho. father's name as Forrest Melvin Best and mother's name as Bessie Sylvia Borson. viewed by V. S.

Marriage return from Washington gives groom's ~~nm~~ name as Charles Theodore ~~Schwidt~~ Schmidt and the bride's name as Evelyn Best. viewed by V. S.

594-128-028-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31732

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 15.

Hospital .....

FULL NAME OF CHILD John Wm Eide.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Apr. 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Eide.	FULL MAIDEN NAME	Anita Stone
RESIDENCE	C. D. A.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 31. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Antigo. Wis.
OCCUPATION	Laborer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C. D. A. Ida.

Filed Apr 30 1915 Dr Max A Dorland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

632-206-028-85

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31733

County of Kootenai

City of Coeur d Alene

Registration District No. 29 File No. 3

No. ____ St.

Primary Registration District No. 1050 Registered No. 14

Hospital ____

FULL NAME OF CHILD RUTH CHRISTINE OLSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Feb. 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Olsen.	Ella Hankaas.
RESIDENCE	Coeur d Alene. Ida.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Hamarund. Norway	Trondjhem. Norway.
OCCUPATION	Carpenter.	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 11 P M on the date above stated.

(Born alive or stillborn)

(Signature) John O Wood

(Physician or midwife)

Address Cda. Ida.

Filed Feb 28 19 15 Dr May A. Dorland Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 '42

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 31733

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Christine Olsen (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1915 (Date of Event)
in Coeur d' Alene, Kootenai Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by myself as mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ruth Christine Olsen
father's name	Edward Olson	Edward Olsen

Subscribed and sworn to before me this 26th
day of February, 19 42

Signed Ella Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Probate Judge
~~Notary Public~~, residing at Sandpoint, Idaho

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of February, 19 42

Signed Clifford Elmer Olsen
(Signature of Any Credible Person Other Than Previous Year)

Probate Judge Francis J. Long
~~Notary Public~~, residing at Sandpoint, Idaho

R#2, Sandpoint, Idaho
(Street Address, City, State)

My commission expires January 1943
(Seal)

395-122-028-271

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **31735**

County of Kootenai

City of Coeur d'alene — Registration District No. 29 — File No. 3

No. ____ St. — Primary Registration District No. 1050 — Registered No. 11

Hospital ____

FULL NAME OF CHILD Howard Dorsey Tierney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	one	Yes.	March 22 1915

FATHER		MOTHER	
FULL NAME	Harvey Patrick Tierney	FULL MAIDEN NAME	Lena May Spare
RESIDENCE	Coeur d'alene	RESIDENCE	Coeur d'alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lansing Iowa.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: four. — Number of children of this mother now living, including present birth: four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hoeden, Physician

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Mar. 30 1915 Dr. Max A. Dorland Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-211-028-465

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31736

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. _____ St.

Primary Registration District No. 1050 Registered No. 10

Hospital _____

FULL NAME OF CHILD Pearl Lorene Hamlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Mar. (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claude Hamlin	FULL MAIDEN NAME	Marie Douark
RESIDENCE	1028 Lakeside Ave.	RESIDENCE	Ditto
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	North Fork. Neb.	BIRTHPLACE	Minnesota
OCCUPATION	Lineman (Electric)	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

Phys. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed Mar 30 1915 Dr Max A. Dorland, Registrar

_____ Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1 1942

239-116-028-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31737

County of Kootenai

City of Coeurd Alene

Registration District No. 29 File No. 3

No. _____ St.

Primary Registration District No. 1050 Registered No. 9

Hospital _____

FULL NAME OF CHILD FRANK STICKNEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Mar. (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Stickney	FULL MAIDEN NAME	Susan Davis.
RESIDENCE	1109-11th St. C.D.A.	RESIDENCE	~~Oakland Ore.~~ Same
COLOR	W. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37. (Years)
BIRTHPLACE	Carroftown. Maine	BIRTHPLACE	Oakland. Ore.
OCCUPATION	Logging contractor.	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 10.15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood.
C.D.A.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 30 1915 Dr Max A Dorland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pend Oreille

Certificate No. 31737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frank Stickney (Name on Original Certificate) who was born (Was Born or Died) on Mar. 16. 1915 (Date of Event)
in Bonner's Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name (Frank Stickney)	Unnamed	Frank Stickney

Subscribed and sworn to before me this 16th day of June, 1942

Notary Public, residing at Bonners Ferry, Idaho

My commission expires Jan 1, 1944
(Seal)

Signed Susan Stickney (Mrs. Frank)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 1942

Notary Public, residing at San Mateo Cty

My commission expires April 24 1944
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

1147 [illegible]
(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.

632-128-028-556

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31738

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 8

Hospital .....

FULL NAME OF CHILD Oliver Willard C. Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Mar. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Oliver J. Olsen.	FULL MAIDEN NAME	Anna L. Newcum.
RESIDENCE	Coeur d'Alene. Ida.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 23. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Chicago. Ill.	BIRTHPLACE	Croton. Ia.
OCCUPATION	Carpenter.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C. D. A. Ida.

Filed Mar 30 1915 Dr Max A. Dorland

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31738

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Olsen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar 28, 1915 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Copy of Cert of Birth (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Oliver Willard Christian Olsen

Subscribed and sworn to before me this 27th day of APRIL, 19 76

Notary Public, residing at Port Orchard, Wash

My commission expires Dec 1 1979

(Seal)

Signed Annie Laurie Olsen Gallagher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6303 Bethel Ave, Port Orchard, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Kitsap }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 19 76

Notary Public, residing at Port Orchard, Wash

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

215 Bethel Ave Port Orchard
(Street Address, City, State)

FORM DH 60-155

CL 4/21/76

Baby book gives name as Oliver Willard C. Olsen. born March 28, 1918 at Coeur d'Alene, Idaho. father's name as Oliver Dugaard Olsen and mother's name as Laura Olsen. Viewed by V. S.

MAY 20 1976

Certificate of Marriage from the [illegible] Washington gives names as Oliver Wiilard Olsen and Alma Eilene Phillips. dated Jan 18, 1941. viewed by VSX

253-221-028-418

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31739

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 21

FULL NAME OF CHILD Dorothy Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	One	Yes.	June 21 1915

FATHER	MOTHER
FULL NAME John Bell	FULL MAIDEN NAME Yvonne Mayo.
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Missoula
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Holden

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 31 19 15. Dr Max L Dorland

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-243-126
-028-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31740

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 30

Hospital .....

FULL NAME OF CHILD Sanburn Sutherland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Sutherland.	FULL MAIDEN NAME	Mary Baugs.
RESIDENCE	C.D.A.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 49. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE	Quebec. P.Q.	BIRTHPLACE	Kingston. N.Y.
OCCUPATION	Laborer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dwood.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C.D.A. Ida.

Filed June 31 1915 Dr Max A. Dorland
Registrar

S-Y CO. 24655

FEB 21 1951

1951

255-122-028-817

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31741

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 29

FULL NAME OF CHILD Ralph A. Kenrud

Sex of Child: M. | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth June 22 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	L. A. Kenrud.	FULL MAIDEN NAME	Elisa Hagen.
RESIDENCE	C D A.	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Laurvig. Norway.	COLOR	W.
OCCUPATION	Ship's Carpenter.	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Laurvig. Norway.
		OCCUPATION	H.W.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 29 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Elwood

(Physician or midwife)

Address C.D.A. Ida.

Given names added from a supplemental report.

..... 19.....

Filed June 31 19 15 Dr Max A. Dorland

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31741

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Kenrud (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1915 (Date of Event) in Coeur d'Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ralph A. Kenrud

Subscribed and sworn to before me this 8th day of July, 1976

Florence Wright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Jack M. Kenrud

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Social Security Card issued by the Social Security Administrationon March 9, 1937
533 07 3573.
Viewed by V.S.

JUL

Veterans of Foreigh Wars, # 2691655 states the Ralph A. Kenrud is a member and has been since 1958, Ballard Post, Seattle, Washington.
Viewed by V.S.

- 165-105-028-615

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31742

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 28

FULL NAME OF CHILD Everell James

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	June 9 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Wallis Everell James

RESIDENCE Coeur d Alene

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Nebraska

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Julia Blanche Hautchirk

RESIDENCE Coeur d Alene Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE So. Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 A. M on the date above stated.

(Signature) W. H. Holden

Physician

(Physician or midwife)

Address .....

Filed June 31 19 15 Dr Max A. Dorland

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24688

7/26/41

418-104-028-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene Ida

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31743

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 27

FULL NAME OF CHILD Vernon Wallace Day

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	true	one	yes.	June 4 1915

FATHER		MOTHER	
FULL NAME	Ralph Patrick Day	FULL MAIDEN NAME	Eliza Paulus
RESIDENCE	St Joe Idaho	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Coeur d Alene
OCCUPATION	Mill Man	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Haldane

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 21 19 15 W. Max W. Dorland

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] F BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31744

County [redacted] Falls,

City of Amsterdam

712-107-042-262 Registration District No. 410 File No.

No. , St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Cornelius Pastoor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	March 17, 1915

FATHER		MOTHER	
FULL NAME	Edward Pastoor	FULL MAIDEN NAME	Nellie Bos
RESIDENCE	Amsterdam Ida.	RESIDENCE	Amsterdam Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Garrett

Physician

(Physician or Midwife)

Address Hollister, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 19 15 W. A. Garrett

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

274-201-042-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

~~PLACE OF BIRTH~~

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31745

County of Twin Falls

City of Hollister

Registration District No. 40 File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ethel Claire Spurgeon

Sex of Child Female | ~~Twin, Triplet or other?~~ and Number in order of birth 3rd (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. D. Spurgeon	FULL MAIDEN NAME	Martha Hattabaugh
RESIDENCE	Hollister, Ida.	RESIDENCE	Hollister, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Hollister, Idaho

Filed May 1915 W. A. Parrett

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAR 1 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jerome }

Certificate No. 31745

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Spurgeon (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1972 (Date of Event)
in Hollister, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Ethel Claire Spurgeon

Subscribed and sworn to before me this 14th day of March, 1972

Notary Public, residing at Jerome
My commission expires 5-4-73
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shoshone, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1972

Notary Public, residing at Jerome Idaho
My commission expires 5-4-73
(Seal)

Signed Roy Spurgeon (Signature of Any Credible Person)
401 So Cedar Jerome Idaho (Street Address, City, State)

FORM DH 60-155 CL 3/1/72 pm

Copy of birth ~~xxx~~ certif. from ~~x~~Calif. for Carol Lee Sinclair born Feb. 7, 1941. gives father's name as Elvan Vining Sinclair and the mother's name as Ethel Claire Spurgeon. Filed Sept. 15, 1941. Viewed by V. S.

MAY 3 1972

Elementary Diploma from Jerome gives name as Ethel Claire Spurgeon. Dated May 17, 1929. Viewed by V.S. (from Idaho)

713-117-042-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls,

City of Hollister

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31746

Registration District No. 40 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD WILLIAM DENTON PATTY

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2nd	Yes	May 17, 1915

FATHER		MOTHER	
FULL NAME	Jos. E. Patty	FULL MAIDEN NAME	Alethia Bonham
RESIDENCE	Hollister, Idaho	RESIDENCE	Hollister, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas,	BIRTHPLACE	Arkansas,
OCCUPATION	Farmer,	OCCUPATION	Housewife,

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett,

Physician (Physician or Midwife)

Address Hollister, Idaho

Filed May 19 15 W. A. Parrett Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 27 1951

446-109-042-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls.

City of Hollister

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31747

Registration District No. 40 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lawrence A. Griffin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Feb. 9, 1915

FATHER		MOTHER	
FULL NAME	W. A. Griffin	FULL MAIDEN NAME	Margaret A. Salty
RESIDENCE	Hollister	RESIDENCE	Hollister
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Twin Falls Idaho	BIRTHPLACE	Utah
OCCUPATION	Implement Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett

Physician

(Physician or Midwife)

Address Hollister Idaho

Given names added from a supplemental report

....., 19.....

Filed July 15 1915 W. A. Parrett

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAY 7 1942

693-117-042-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31748

County of Twin Falls,

City of Rogerson

Registration District No 40 File No.

No., St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Lawrence Willis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6th	Yes	Feb. 17, 1915

FATHER		MOTHER	
FULL NAME	Isaac Willis	FULL MAIDEN NAME	Sarah E. Wilkyson
RESIDENCE	Rogerson, Idaho	RESIDENCE	Rogerson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) W. A. Parrett

(Physician or Midwife)

Address Rogerson Idaho

Filed 19 15 W. A. Parrett

Registrar

SYMS - YORK CO., PTRS. & BORS 17826

4/9-29-042-314

PLACE OF BIRTH

Amended Dec. 21, 1954

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 40 File No. 31749

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD SARAH ISABELL DARLING
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 19 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank M. Darling	FULL MAIDEN NAME	Vernona Campbell
RESIDENCE	Rogerson, Idaho	RESIDENCE	Rogerson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett

Physician
(Physician or midwife)

Address Hollister, Idaho

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed ..... 192.. W. A. Parrett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31749

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Unnamed Child) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1915 (Date of Event)
in Rogerson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record + Life Ins. (Bible Record, Insurance Policy, Etc.) prepared on 12-3-54 and 1-22-45 (Give Date), are:

Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	(Unnamed)	Sarah Isabell
Birthdate	April ~~19~~, 1915	May 19, 1915

Subscribed and sworn to before me this 8th day of December, 19 54.

R. M. Benton
Notary Public, residing at Twin Falls Ida
My commission expires Nov 15, 1958
(Seal)

Signed Demetia Campbell (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Born Sept 29, 1885. Died 1940.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31749

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Unnamed) Child (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1915 (Date of Event)
in Rogerson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible's record (Bible Record, Insurance Policy, Etc.) prepared on Life Insurance Policy (Dec. 3rd) - 54 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	(Unnamed)	Sarah Isabell
Birthdate	April 19, 1915	May 19, 1915

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Vernona Campbell Dorsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1954

Robert A Banning
Notary Public, residing at Twin Falls
My commission expires Dec. Aug. ..., 1955
(Seal)

Signed [signature]
(Signature of Any Credible Person)

235 Main Ave. W.
(Street Address, City, State)
Twin Falls, Idaho

462-122[redacted]
041-432
PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31750

County of [redacted]

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20 File No. .....

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Veril Francis Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Francis Moss	FULL MAIDEN NAME	Janie Gray McKinley
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed July 23 1915 Geo D Charlier
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-111-241-757

PLACE OF BIRTH

County of Teton

City of Victor

No. — St.

Hospital —

Form V. S. No. 11-C—25m-1-.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 31751

Primary Registration District No. 2012 Registered No.

FULL NAME OF CHILD Robert Franklin Bagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 11 1915

FATHER		MOTHER	
FULL NAME	Geo. W. Bagley	FULL MAIDEN NAME	Annie E. Peterson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P.M. on the date above stated.

(Signature) Benj. F. Roseman M.D.

(Physician or midwife)

Address Victor Idaho

Filed July 14 1915 Geo. D. Chadwick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU
CERTIFICATE OF BIRTH

354-114-041-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Victor

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31752

Registration District No. 20 ~~[illegible]~~ File No.

Primary Registration District No. 2012 Registered No.

FULL NAME OF CHILD Tempest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7 14 1915

FATHER		MOTHER	
FULL NAME	Robert A Tempest	FULL MAIDEN NAME	Electa Watson
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Hamburg Iowa	BIRTHPLACE	Spencer Idaho
OCCUPATION	Forester	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.45a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Victor Idaho

Filed July 14 1915 Geo. D. Charles
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

255-206
032-[illegible]

PLACE [illegible]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of Shoshone

Registration District No. _____ File No. 31753

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edith Louise Keefer

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	June 6, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilfred Edward Keefer	FULL MAIDEN NAME	Emma Edith Coates
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	California	BIRTHPLACE	Canada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 1915 _____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JAN 31 1950

296-201-032-863

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31754

County of Lincoln

City of Shoshone

Registration District No. 5

File No.

No. St.

Primary Registration District No. 2016

Registered No.

Hospital

FULL NAME OF CHILD Bethel June Brooks

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	Other	1st	yes	July (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. A. Brooks	FULL MAIDEN NAME	Mabel Holcomb
RESIDENCE	Dietrich, Ida.	RESIDENCE	Dietrich
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed July 7 1915 J. L. Farley Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-121-032-296

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31755

County of Lincoln

City of Shoshone

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Dill's Hospital

FULL NAME OF CHILD Charles Richard Miller

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	1st	Y	July 21, 1[illegible] (Month) (Day)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Jay B. Miller	FULL MAIDEN NAME	Matta Brown
RESIDENCE	Shoshone Ido	RESIDENCE	Shoshone Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Sommeliyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:50 A on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. K. Dill M. D.

Physician (Physician or Midwife)

Given names added from a supplemental report

July 23rd, 1915

Address Shoshone Idaho

J. L. Fuller Registrar

Filed July 23rd 1915 J. L. Fuller Registrar

S-1 CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 4 1973

469-122-032-213

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31756

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thos. Morimoto

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	other	8	yes	June 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. F. Morimoto	FULL MAIDEN NAME	~~Master~~ Matsu Katsu Ki
RESIDENCE	Shoshone, Ida.	RESIDENCE	Shoshone, Ida.
COLOR	y	COLOR	y
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	~~35~~ 36
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. W.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shoshone Ida

Filed July 7 1915 J. L. Turner

Registrar Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2nd certified copy issued 9-23-36 PBA3762 9-23-36

MAY 19 1940

Dup of 1915-1934106

792-227-042-863

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Twin Falls

City of —

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31758

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Lola Catherine Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen Gibson	FULL MAIDEN NAME	Ida Hollon
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed July 5 1915 John F. Coughlin
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

AUG 31 1945

129-226-042-254 Mother's maiden name amended 01-11-05 us

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31759

County of Twin Falls

City of —

No. — St.

Hospital —

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Ruth Christene Abramson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Abramson	FULL MAIDEN NAME	Sylvia ~~Brooner~~ Brooner
RESIDENCE	Berger, Ida	RESIDENCE	Berger, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Registrar

Filed July 5 1915 John L Coughlin
Registrar

CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Lake } ss.

Certificate No. 31759
Date Filed Sept. 15, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Ruth Abramson (Name on original certificate) who was born (Was born or died) on June 26, 1915 (Date of event)

in Berger, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on June 26, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Ruth Abramson	Ruth Christene Abramson

Subscribed and sworn to before me this 6th day of October, 19 41

Notary Public, residing at Lakeview, Oregon

My commission expires April 20, 1943

[SEAL]

Signed Sylvia Abramson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O.Box 886, Lakeview, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Lake } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 19 41

Notary Public, residing at Lakeview, Oregon

My commission expires April 20, 1943

[SEAL]

Signed Charles A Abramson
(Signature of any credible person other than the previous affiant.)

P.O.Box 886, Lakeview, Oregon
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 9 1941

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 7 - 2005
VITAL STATISTICS

State of _____ } SS
County of _____

Certificate No. 15-31759

Date Filed July 5, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth, Death, Marriage, etc.)

for Ruth Christene Abramson (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 26, 1915 (Date of Event)

in Twin Falls County (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Mother's maiden surname	Bruner	Brooner

Subscribed and sworn to before me this 6th day of January 2005

Notary Public, Barbara M Miller

Residing at 5554 Willowtree Way

My commission expires 08/07
(Seal)

BARBARA M. MILLER
NOTARY PUBLIC
STATE OF IDAHO

_____
(Signature of Applicant)

Meridian, Idaho 83714
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } SS
County of Ada

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January 2005

Notary Public, Barbara M Miller

Residing at 5550

My commission expires 08/07
(Seal)

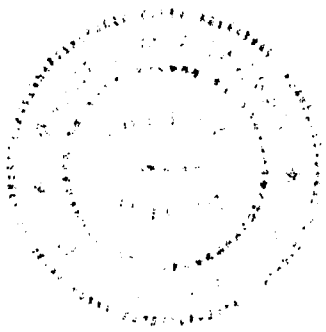
_____
Signature of Applicant

_____
Street Address, City, State and Zip

01-03-05

ID BIRTH CERTIFICATE 18-63126 FOR ERWIN OLIN ABRAMSON BORN SEPTETMBER 2, 1918 IN BERGER (TWIN FALLS CO) SHOWING MOTHER'S NAME AS SYLVIA BROONER VIEWED BY VS

OR DEATH CERTIFICATE 75-10 FOR SYLVIA ABRAMSON WHO DIED MARCH 4 A975 IN LAKEVIEW (LAKE CO) SHOWING FATHER'S NAME AS DAVID AARON BROONER. VIEWED BY VS



299-106-042-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 31760

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD WESLEY A. KIRKMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	June Kirkman	FULL MAIDEN NAME	Floss Peterson
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 6-6-15 at 9 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 7-8 1915 John P. Bugleton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 31760

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Stillborn~~ Birth (Birth or death)
for Wesley A. Kirkman (Name on original certificate) who was born (Was born or died) on June 6-1916 (Date of event)
in Twin Falls (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance papers (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kirkman	Wesley A. Kirkman

Subscribed and sworn to before me this 10th day of October, 1940

Signed Mrs Flossie Kirkman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Twin Falls, Ida

Twin Falls, Idaho
(Street Address, City, State)

My commission expires Feb 18-1945
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

(Street Address, City, State)

My commission expires
[SEAL]

Received for filing on By
(Registrar's signature)

SEP 17 1942

352-210-042-962

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Form ~~U.S. No. 11-C~~—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31761

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD MARGARET IRENE TESSIER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl.			yes	June 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Tessier	FULL MAIDEN NAME	Georgia Anna Robillard
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 6-10-15 at 6 15 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-8 19 15 John R. Coughlin Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Co. Yakima

Certificate No. 31761
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Margaret Irene Tessier (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 10, 1915 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Metropolitan Ins Policy #1448758 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 11 - 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	Margaret Irene Tessier

Subscribed and sworn to before me this 13th
day of January, 19 42
L. A. Webber
Notary Public, residing at Yakima
My commission expires 1-21-44
(SEAL)

Signed Mrs Georgiana Tessier
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
709 No. 3rd St. - Yakima Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Yakima } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of January, 19 42
L. A. Webber
Notary Public, residing at Yakima
My commission expires 1-21-44
(SEAL)

Signed Elizabeth Martell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
708 - No 4th St Yakima Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By
(REGISTRAR'S SIGNATURE)

433-113-042-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31762

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	2	Yes	June 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R McCullom	FULL MAIDEN NAME	N Williams
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive June 13-15 at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 7-8 1915 Johnson Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-D77-086

445-124-042-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31764

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy		8	Yes	June (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emery Munier	FULL MAIDEN NAME	Mary Martel
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Quebeck, Canada	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 24 at 5:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed 7-6 1915 John W. Bugliello
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-220-042-562

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

31765

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD VIOLA MAE COMPTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 20 1915

FATHER	MOTHER
FULL NAME J. A. Compton	FULL MAIDEN NAME Christina Voss
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 5/24/15 at 9:30 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

19

Registrar

Filed 7-8 19 15 John R. Langellier

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 31765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Viola Mae Compton (Birth or Death)
for first name not given on original (Name on Original Certificate) who was Born (Was Born or Died) on May 20 1915 (Date of Event)
in Twin Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record prepared on March 10 1942, are:
(Bible Record, ~~Insurance Policy, Etc.~~) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Viola Compton
her first name was not given at time of her birth should be Viola Mae Compton		

Subscribed and sworn to before me this 10th
day of March, 1942

E. F. Mayborn
Notary Public, residing at Twin Falls

My commission expires Jan 9th 1943
(Seal)

Signed Mrs Christena Compton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D. 2 Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of March, 1942

E. F. Mayborn
Notary Public, residing at Twin Falls Ida

My commission expires Jan 9th 1943
(Seal)

Signed L O Compton father
(Signature of Any Credible Person Other Than Previous Year)

R. F. D 2 Twin Falls Idaho
(Street Address, City, State)

259-111-042-195

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Name added 5-30-80

No. ..... St.

Hospital .....

Registration District No. 37 File No. 31766

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Thomas Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rhodes Edgar Berry	FULL MAIDEN NAME	Estelle Arnell
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5-11-15 at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed 7-8 1915 Robert Coughlin
Registrar

Registrar

8-Y CO. 84695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. MAY 6 2 08 PM '80

Certificate No. 31766

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Berry (Male) who was born on May 11, 1915 in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ..... are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thomas Howard

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 19 80

Notary Public, residing at Boise
My commission expires Expires
(Seal)

Signed Howard E. Campbell
(Signature of Any Credible Person)

P.O. Box 1808 Palmer Ak 99645
(Street Address, City, State)

FORM DH 60-155

CL 5/9/77 nm at desk - fc

MAY 30 1980

Notorized Statement regarding birth certificate for Howard Ernset Campbell (Berry) states that Howard Berry and Howard Ernest Campbell are one and the same person. Howard Was born to Stella Arnold Berry and Ed Berry in Twin Falls Idaho, on May 11, 1915. They were not affiliated in any church, so Howard was not christened at that time. Stella Arnold Berry and Ed Berry were late divorced and a few years later she married Ernest Campbell and Howard was then christened in the church and given the name of Howard Ernest Campbell. Viewed by V.S.

Family Record statement by Jennie May Arnold Fordyce, an aunt of Howard Ernest Campbell states that he is the son of her oldest sister, Stella Campbell. Record states that child was born as unnamed Berryon May 11, 1915, in Twin Falls, Idaho. At the age of 9 he was Baptized in the church of Jesus Christ of Latter Day Saints and took the name of Howard Ernest Campbell, his Step-father's name.

Another notorized statement regarding family records states that Howard Campbell was born to Edgar Berry and Estella C. Arnold Berry on May 11, 1915 at Twin Falls, Idaho. His mother, Estella was later divorce from Edgar Berry and still later married Ernest M. Campbell. After her marriage to Ernest Campbell Estella had the names of her two children, Lucille Berry and Howard Berry changed to Lucille Campbell and Howard Ernest Campbell.
Viewed by V.S.

609-220-042-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 623, 2nd ave S. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31767

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Vernus Belle Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	May (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Ward	FULL MAIDEN NAME	Belle Victoria Stoker
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Eureka Kansas	BIRTHPLACE	Bellevue, Ida.
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, 5/20/15, at 10:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed 7-8 1915 Johnson Laughlin
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1940

251-115-042-368

Form V. S. No. 1 C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 9th Ave E St.

Hospital

Registration District No. 37

File No. 31768

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD ~~[illegible]~~ Vincent Beaugard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	May 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy ~~[illegible]~~ Beaugard	FULL MAIDEN NAME	Marcella Coyle
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Penn.
OCCUPATION	Business & Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 5-15-15 at 4:00 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 7-8 1915 John F. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Washington

County of King

I, Marcella C. Shea, being duly sworn (Name of Deponent)

say

I reside at 1534 - West 57 Street

in the City of Seattle State of Washington

My relation to the applicant is Mother

I further state that I know of my own knowledge that the name of

Vincent Beaugard (Correct name of applicant) as stated in

of Twin Falls, State of Idaho

on the 15 day of May (Month) 1915 (Year)

I know this to be a fact because

Marcella C. Shea
(Signature of Deponent)

Subscribed and sworn to (or affirmed) before me at Seattle

Washington, this 5th day of January, 1945

M. J. Hanley
(Signature of Notary, etc.)

JAN 10 1945

M. J. HANLEY, Notary Public in and for the State of Washington, residing at Seattle, Wash.

451-201-042-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF [illegible]
BUREAU OF VITA[illegible]STICS

CERTIFICATE

31769

Registration District No. 37 [illegible]e No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD ALMA FAYE DEAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	April 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Dean	FULL MAIDEN NAME	Maud Wood
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, 4-1-15 at 7:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 2 Falls.

Filed 7-8 1915 Johnst Coughlin
Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 31769

State of Idaho } ss.
County of Twin Falls } ss. 42

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)

for Dean (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 1, 1915 (DATE OF EVENT)

in Twin Falls County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Alma Faye Dean
name of father	Marten Dean	~~Mark Dean~~

Subscribed and sworn to before me this 20th day of January, 19 42

Dorothy V. Boone

Notary Public, residing at Twin Falls

My commission expires March 4, 1944

(SEAL)

Signed Mrs Maude Dean - mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RFD #2, Twin Falls, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed Marten Dean

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

RFD #2, Twin Falls, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN [illegible] 42 By

(REGISTRAR'S SIGNATURE)

391-112-042-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 31770

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Ralph Lynn Crays

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	March 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John David Crays	FULL MAIDEN NAME	Jennie Nevada Everson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Loraine, Ill.	BIRTHPLACE	Webb City Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Henry Dunn

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed July 19 1915 J. L. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1960

MAY 2 1 1970

459-129-0[illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31771

County of Twin Falls

City of

No. 541 - 4th av W St.

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Floyd William Mercer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy M. Mercer	FULL MAIDEN NAME	Mattie Robinson
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Tennessee
OCCUPATION	Proprietor cafe	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed July 5 1915 Johnst Coughl
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9—12

NOV 13 1969

AUG 26 1975

417-120-042-667

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 7th Ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31772

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Georges Fox Maxwell

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John M. Maxwell	FULL MAIDEN NAME	Elizabeth Fox
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	~~Maryland~~ Canada	BIRTHPLACE	Ohio
OCCUPATION	Banker	OCCUPATION	—

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 pm M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed July 5 1915 John F. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/3/41 L. B.

666-211-042-254

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31773

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Foote, Ruth Imogene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fa.		Yes.	June 11, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph E. Foote	FULL MAIDEN NAME	Cora Benning
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 109 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Slonchek

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed June 15 1915 J. F. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Holy Baptism, June 11, 1922, St. Michael's Church Boise, Idaho gives full name of child as Ruth Imogene Foote, born June 11, 1915 to Ralph Edwin Foote and Cora Mary Benning

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

viewed by V.S. and Certified Copy of Own Child's Birth Cert, State of Oregon Birth, January 1, 1935 at Eugene, Oregon-

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... gives full maiden name of mother as
County of ..... } ss. Ruth Imogene Foote - viewed by V.S.

Certificate No. 31773
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Foote (Name on Original Certificate) who born (Was Born or Died) on June 11, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 11 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Imogene Foote

Subscribed and sworn to before me this ..... day of ....., 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
April, 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DPH 55. 155

CL 4-4-60. nm

MAR 1960
MAR 1955

243-131-042-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 110 Maple Cr. St.

Hospital Residence

Registration District No. 37

Primary Registration District No. 1085

File No. 31774

Registered No.

FULL NAME OF CHILD Thomas Rich Buttolph

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Lucius Buttolph	FULL MAIDEN NAME	Mabel Martin
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Shorehan Vermont	BIRTHPLACE	Salisbury Vt.
OCCUPATION	Shoe Merchant	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Twin Falls Idaho

Filed 7-8 1915

Johnson Coughlin
Registrar

Registrar

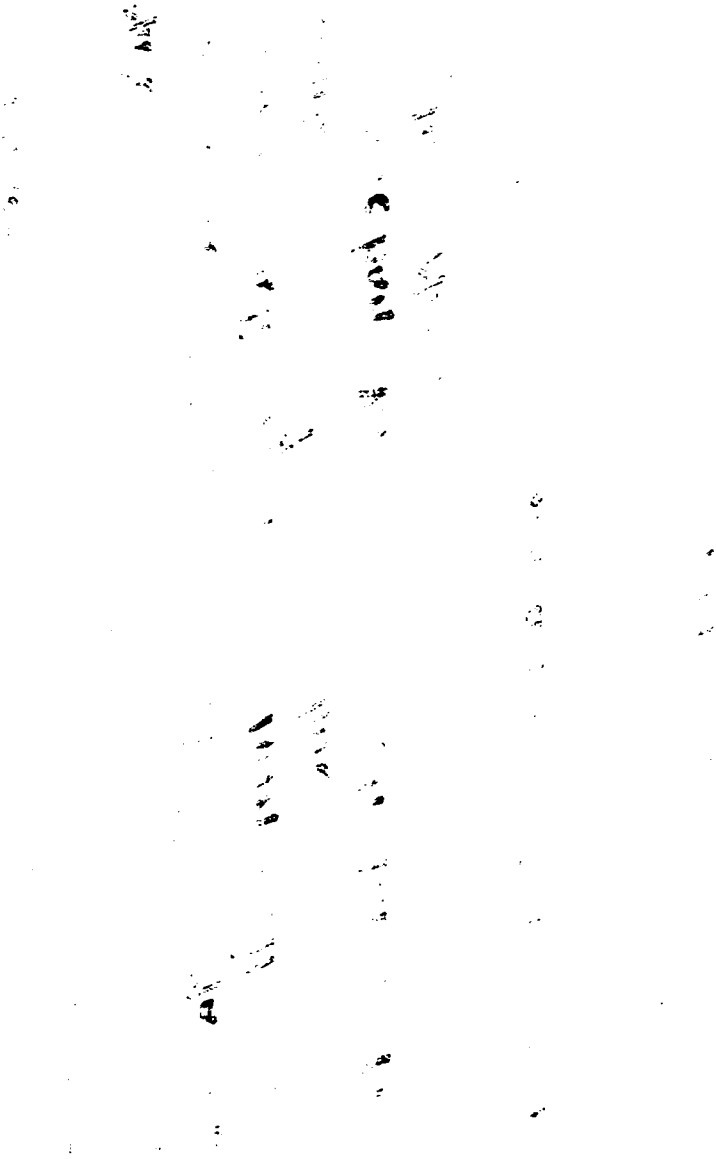
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/17/41 L. B.



114-218-042-958

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31775

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	June (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter James	FULL MAIDEN NAME	Maud Reynolds
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, 6/18/15 at 8:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 7-8 1915 J. F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-227-042-243

Form V. ~~S. No. 11-C—25m-1-1-13~~

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31776

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD DELENA RUTH MOORE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			1	Yes.	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. L. Moore	FULL MAIDEN NAME	Maggie Buchanan
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 6-27-15 at 11.50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 7-8 1915 J. F. Coughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 31776

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for No Name (Name on Original Certificate) who Born (Was Born or Died) on June 27-1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance below (Bible Record, Insurance Policy, Etc.) prepared on Jul 23rd 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delena Ruth Moore

Subscribed and sworn to before me this 29
day of May 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires Feb 18 1945
(Seal)

Signed W T Moore
(Signature of parent ~~or attendant if correcting a birth record~~; of attendant, funeral director, informant if correcting a death record; or other credible person.)

260 Jackson Twin Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 1942

MAY 4 1942

318-108-042-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31777

Primary Registration District No. 10 85 Registered No. .....

FULL NAME OF CHILD La Hue

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: 6 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. La Hue	FULL MAIDEN NAME	May Hattock
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Texas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Houchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls

Filed June 15 1915 J. H. Creighton Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-212-042-000

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 31778

Primary Registration District No. 1085. Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		4	Yes	June 12 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Chism	FULL MAIDEN NAME	Mabel
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Central City Neb.
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:15 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

M. A. Swenson
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-15 1915 J. F. Coughlin Registrar

S-Y CO. 24655

Amended 8-7-59

PLACE OF BIRTH

255-203-0421-914

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 31779

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Alice Dorette Keneley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 3, 1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Frank T. Keneley	FULL MAIDEN NAME: Gertrude Rauch
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Iowa
OCCUPATION: Veterinary	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J.F. Coughlin

Physician
(Physician or midwife)

Address Twin Falls

Filed 6-3-1915 J.F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The Northwestern Mutual Life Ins. Policy, Oct. 23, 1914 gives Father's Name as Frank T. Keneley - viewed by V.S. and California Driver's License Dec. 31, 1946 gives Father's Name as Frank Thomas Keneley - viewed by V.S.

Other documents Listed on back

FEB 9 1959

Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jerome }

Certificate No. 31779

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Alice Dorothy Kenely (Name on Original Certificate) who born (Was Born or Died) on June 3, 1915 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Alice Dorothy Kenely	Alice Dorette Keneley
Father's Last Name	Kenely	Keneley

Subscribed and sworn to before me this 15th day of [illegible], 1958

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible] 3, 1962

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible], Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of [illegible], 1958

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible] 3, 1962

(Seal)

Signed Thomas O'Brien

(Signature of Any Credible Person)

[illegible], Idaho

(Street Address, City, State)

FORM DPH 55.155

NNCL 3-13-58 nm

Newspaper clipping from Hollywood Citizen News, Tuesday May9, 1939 gives name as Dorette Keneley - viewed by V.S.

Hollywood Presbyterian Hospital Certificate of Birth for Diane Dorette Kopp, born Nov. 21, 1953 in Hollywood, California to Julius E. Kopp and Alice Dorette Keneley - viewed by V.S.

25-6-207-042-268

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital Twin Falls

Registration District No. 37 File No. 31780

Primary Registration District No. 1065 Registered No. .....

FULL NAME OF CHILD Lydia Boyd Keough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	April 7 1915

FATHER		MOTHER	
FULL NAME	Stephen A Keough	FULL MAIDEN NAME	Lydia A Boyd
RESIDENCE	Twin ~~Falls~~ Bridge	RESIDENCE	Bridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~South~~ Idaho	BIRTHPLACE	Indiana
OCCUPATION	Stock Raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M. on the date above stated.
(Born alive or stillborn)

(Signature) J. T. Boyd M.D.
(Physician or midwife)

Address Twin Falls Idaho

Filed 7-14 1915 J. T. Coughlen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/18/41 Z.J.

498-130-042-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31781

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Wayne Austin Minnick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
boy			yes	March 30 1915 (Month) (Day) (Year)

FATHER

FULL NAME William Austin Minnick

RESIDENCE Twin Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Oregon

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Helen E. Cole

RESIDENCE Twin Falls Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. 3-30-15 at 9:10 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Filed 7-8 1915

..... Registrar

..... Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 16 1946

MAY 1 1951

252-105
044-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH [redacted] ATE [redacted] MO
[redacted] OF V[redacted] ATISTICS

CERTIFIC[redacted] RTH

County of Wash[redacted]

City of Cambridg[redacted]

Registration District No. 88[redacted]

File No. 31782

No.

Primary Registration District No. 21[redacted]

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Tw[redacted] Tri[redacted] or (	and	Number in order of birth	Legitimate?	Date of Birth
M	[redacted]red only in event of plural births)				May 5 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Fred A [redacted]ter	FULL MAIDEN NAME	[redacted]a M Sherman
RESIDENCE	Cam[redacted]ge	RESIDENCE	[redacted]mbridge
COLOR	W	COLOR	[redacted]
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	K[redacted]	BIRTHPLACE	[redacted]an
OCCUPATION	F[redacted]er	OCCUPATION	[redacted]t W

Number of child of this mother, includi[redacted] 8 Number of children [redacted] now living, including present birth 7

[redacted]CATE OF ATTENDING PHYSICIAN [redacted]DWIFE*

I hereby certify that I attended th[redacted]hild, who was Born al[redacted] at 9 P.M. on the date above stated. (Born alive o[redacted])

*When there was no atten[redacted]cian or midwife, then the father, house[redacted] should make this return. A stillbor[redacted]e that neither breathes nor shows ot[redacted] of life after birth.

(Signature) Sim[redacted] Hopper

[redacted] (Physician or midwife)

Given names added from a su[redacted]t.

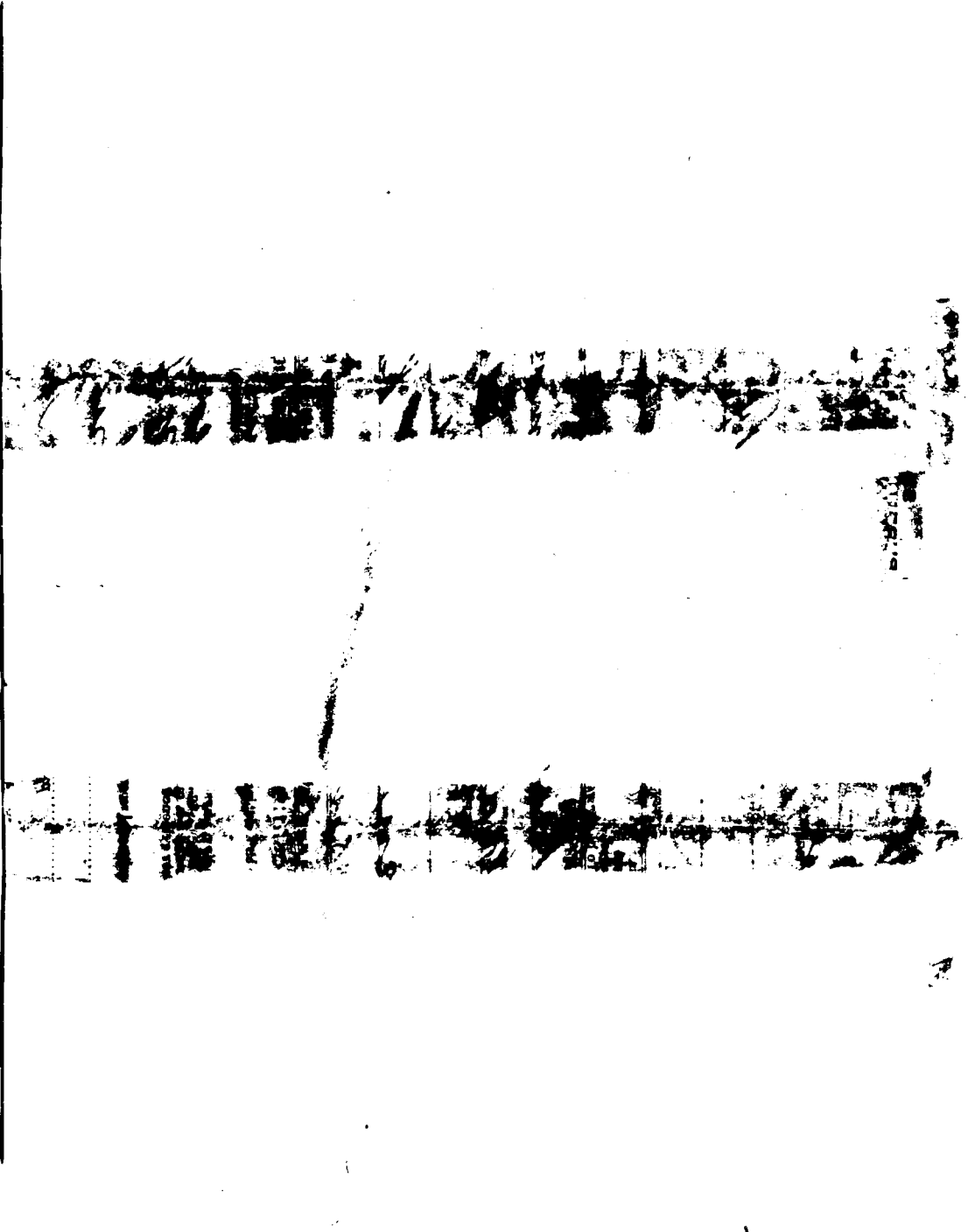
[redacted] 19[redacted]

Address Camb[redacted]ge

Filed July 19 1915 [redacted] E Schmitz

[redacted]gistrar Registrar

S-Y CO. 24655



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-130-[illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31783

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88

Primary Registration District No. 2164

File No. .....

Registered No. .....

FULL NAME OF CHILD Donald John Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Morgan	FULL MAIDEN NAME	Ina E. Yorke
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed July 19 1915 C. E. Schwartz Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 51763

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Donald John Morgan

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st

day of Dec, 1941

George [illegible] Morgan

Notary Public, residing at Boise

My commission expires 4-4-1942

(SEAL)

Signed John Morgan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cambridge Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

285-328-044-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 31784

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Lila May Byers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	May 28 1915

FATHER

FULL NAME Amos E Byers

RESIDENCE Indian Valley Cambridge

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ohio

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ethyl E Brown

RESIDENCE Indian Valley

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Colo

OCCUPATION H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopkins M D
(Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 9 1915 C E Schmutz Registrar

S-Y CO. 24655

393-102-007-418

Form V. S. No. 11-C—25m-1-1-18

31785

PLACE OF BIRTH

County of Blaine

City of Howe

No. ..... St.

Hospital .....

[redacted] DAHO
BUREA[redacted] STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 62

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Little

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James D. Little	FULL MAIDEN NAME	Alice Mays
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Missouri
OCCUPATION	Stock grower	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 6/2 1915 E. W. Fox Registrar

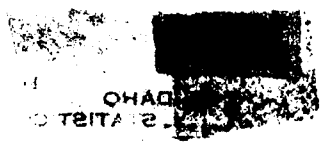
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



415-204-007-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31786

Registration District No. 59 File No. 63

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Mann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 4 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Anson Leo Mann	FULL MAIDEN NAME: Eva Loretta Stoddard
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: White AGE AT LAST BIRTHDAY 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE: Bountiful, Utah	BIRTHPLACE: Big Cottonwood, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.45 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 6/4 1915 Ew Fox Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-210-007-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31787

Registration District No. 59 File No. 64

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Leonios Silene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 10 1915

FATHER

FULL NAME Frank Alexis Silene

RESIDENCE Arco, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Texas

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Leonios Alexis Silene

RESIDENCE Arco, Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Blackfoot, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Fox MD.

(Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/12 1915

Dr Fox

Registrar

8-Y CO. 24655

DECEASED

349-111-007-719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31788

Registration District No. 59 File No. 65

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Earl Curtis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	yes	6 - 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Curtis	FULL MAIDEN NAME	Nancy Parker
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Farmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/12 1915 E W Farmer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-211-007-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31789

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 66

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Pearl Curtis

Sex of Child Girl

Twin Triplet or other? Twin and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 6 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Curtis	FULL MAIDEN NAME	Nancy Parker
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:09 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ewt M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 6/12 1915 Ewt Registrar

..... Registrar

S-Y CO. 24655

319-121-007-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31790

County of Blaine

City of Bernice

No. ..... St.

Hospital .....

Registration District No. 59 File No. 67

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Bernethy Laird

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 6 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Albus Laird	FULL MAIDEN NAME	Minnie Bernethy
RESIDENCE	Bernice, Ida	RESIDENCE	Bernice, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-20 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox

MSL (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Ida

Filed 6/21/15 Ew Fox Registrar

..... Registrar

S-Y CO. 24655

354-213-007-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31793

County of Blaine

City of Howe

Registration District No. 69 File No. 70

No. ..... St.

Primary Registration District No. 2139 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Pauline Lemmon.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	June 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard S. Lemmon.	FULL MAIDEN NAME	Mary Ella Parker.
RESIDENCE	Howe	RESIDENCE	Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rockville Wash. Co. Utah.	BIRTHPLACE	Hagerman Gooding Co. Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:13 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. C. Packard

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 6/25 1915

Registrar

Registrar

June. 13. 8. 13 A. M.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243-226-007-917

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

31794

Registration District No. 59

File No. 71

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Buttler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Female		Yes	6 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William D. Buttler	FULL MAIDEN NAME	Molly C. Ragdale
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/26 1915

Ew Fox Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATISTICS

DUP OF 1915 D 49-2116

249-224-026-386

PLACE OF BIRTH

[redacted] V. S. No. 11-C—15m-6-20-11

[redacted]

Bu[redacted] of [redacted]

CER[redacted]

31795

County of Jefferson

City of Howe

Registration District No. 59 File No. 31795

No. ....., ... St.

Primary Registration District No. 2139 Registered No. .....

Hospital Home

FULL NAME OF CHILD Edna Delita Burgman

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	June (Month), 24 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clyde R Burgman	FULL MAIDEN NAME	Blanch M. Thornton
RESIDENCE	Howe	RESIDENCE	Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Henrietta Texas	BIRTHPLACE	Silver Bow Montana
OCCUPATION	Cook	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. C. Packard

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6-27-1915

..... Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713 - 220 - 016 - 843

PLACE OF BIRTH

County of Cassia

City of Sublett

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

31796

Registration District No. 119 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in event of plural births)	—	Yes	July (Month) 20 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Frank Gallihur	FULL MAIDEN NAME	Isabelle Hutchison
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

(Signature) C. J. Salter M.D.

(Physician or midwife)

Address Malta Idaho

Filed July 23 1918 C J Salter

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITTEN RECORDED FOR PERMANENT

113-127-016-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31797

County of Cassia

City of Naf

No. — St.

Hospital —

Registration District No. 119

File No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm James Jacklin	FULL MAIDEN NAME	Emma Blanche Becksted
RESIDENCE	Naf Idaho	RESIDENCE	Naf Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barbara Williams

Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address Naf Idaho

Registrar

Filed July 23 1915 C. I. Sater

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-122-016-893

PLACE OF BIRTH

County of Cassia

City of Malta

No. ____ St.

Hospital —

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 31798

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD JOHN ALBERT PETERSEN

Sex of Child: Male | Twin, Triplet or other? No | and Number in order of birth 7 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth [illegible] (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Petersen	FULL MAIDEN NAME	Laura Lovina Hill
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36	COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 1 19 15 C. I. Slater Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years 2 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Albert Petersen

5. Date of Birth of Child (Month, day, year) July 27, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Junius Petersen

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Bear River City (City or town) Utah (State or foreign country)

14. Exact Occupation Manager Billiard Hall

15. Industry or Business Billiard Hall

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Hitt

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Malta (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Laura Petersen (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that [redacted] (first name) Dorey (Last name) Dr. R. T., who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Hitt Petersen Signature

Garland, Box Elder County, Utah P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942

(SEAL)

Notary Public, residing at Garland, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex. 5-2-45.

Received for filing on JUN 24 1942 by, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-124-009-351

PLACE OF BIRTH

Form [redacted] 5m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Ponderay

No. _____ St.

Hospital ANTONE

Registration District No. 78

File No. 31799

Primary Registration District No. 2155

Registered No. 825

FULL NAME OF CHILD John Starisha

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
ANTON M	1		2	Yes	July 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Starisha	FULL MAIDEN NAME	Angel Evar
RESIDENCE	Ponderay	RESIDENCE	Ponderay
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at noon M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Jackson

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Sdpt

Filed Aug 2 1915 M McKinnon

Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31799
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Antone John Stariha (Name on Original Certificate) who Born (Was Born or Died) on July ~~15~~ 24, 1915 (Date of Event) in Pondarey Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 24, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Antone Stariha	John Stariha
name of father	Anton Stariha	same

Subscribed and sworn to before me this 18th day of June, 1945

Notary Public, residing at Seattle

My commission expires 1-8-46
(Seal)

Signed A. Stariha
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1945

Margaret Sanvich
Notary Public residing at Seattle

My commission expires 1-8-46
(Seal)

Signed Mrs. S. P. Rigo
(Signature of Any Credible Person Other Than Previous Year)

4044-40th S.W. Seattle
(Street Address, City, State)

JUN 25 1945

553-224-009-595

PLACE OF BIRTH

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 31800

No. ____ St.

Primary Registration District No. 2155 Registered No. [redacted]

Hospital ____

FULL NAME OF CHILD Henretta Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	July 24 1913

FATHER		MOTHER	
FULL NAME	Ed. Nelson	FULL MAIDEN NAME	Clara Vincent
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 6 A M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) M. McKinnon

(Physician or midwife)

Address Sandpoint

Filed Aug 2 1913 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

843-115-041-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Leton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20 File No. 31801

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Hutchinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elbert J. Hutchinson	FULL MAIDEN NAME	Ruby L. Smith
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hatches Bend Florida	BIRTHPLACE	Erie Colorado
OCCUPATION	Plummer and Gas fitter	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:25 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19...

Address Victor Idaho

Filed Aug 16 1915 Geo D Chaelen

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE [illegible] must be made for each and [illegible] of birth, in order of birth stated.

64-10-7-008-219

PLACE OF BIRTH

County of Boise

City of McCall

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 31803

Primary Registration District No. 15 Registered No. 41

FULL NAME OF CHILD Luther Forrest Fulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 — 9 — 1915

FATHER	MOTHER
FULL NAME: Luther Fulton	FULL MAIDEN NAME: Frances Barker
RESIDENCE: McCall, Ida	RESIDENCE: McCall
COLOR: W. AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Colorado
OCCUPATION: Rancher	OCCUPATION: House Wife

Number of child of this mother, including present birth: three

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~midwife~~)

Address McCall

Given names added from a supplemental report.

..... 19.....

Filed Aug. 9 1915 Ruth McDonald Deputy Registrar

..... Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

296-209-008-859

PLACE OF BIRTH

[redacted]

F IDAHO
TAL STATISTICS
E OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

31804

County of Boise

City of McCall

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. 15 Registered No. 43

FULL NAME OF CHILD Carolyn Dorothy Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	7 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Karl Elliot Brown	FULL MAIDEN NAME	Ida Herrington
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 4 30 A.M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Address McCall

Filed Aug 9 1915 Ruth McDonald Depty Registrar

Registrar

8-Y CO. 24655

of each, in order of birth stated.

DEC 20 19[illegible]

JUN 17 1942

643-124-008-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall

No. ..... St.

Registration District No. 15 File No. 31805

Primary Registration District No. ..... Registered No. 42

Hospital .....

FULL NAME OF CHILD Clyde E. Fulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 24 1915

FATHER		MOTHER	
FULL NAME	Clyde E. Fulton	FULL MAIDEN NAME	Mary Smith
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	California
OCCUPATION	City Marshal	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12-45 A M
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Hardesty

(Physician or ~~midwife~~)

Address McCall

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 7 1915 Ruth McClouse Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. 855-112-025-367 St.

Registration District No. 106 File No. 31806

Primary Registration District No. 2184 Registered No. 34

Hospital

FULL NAME OF CHILD Harry Alden Henderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	Yes	July (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry A Henderson	FULL MAIDEN NAME	Myrtle E Cox
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report

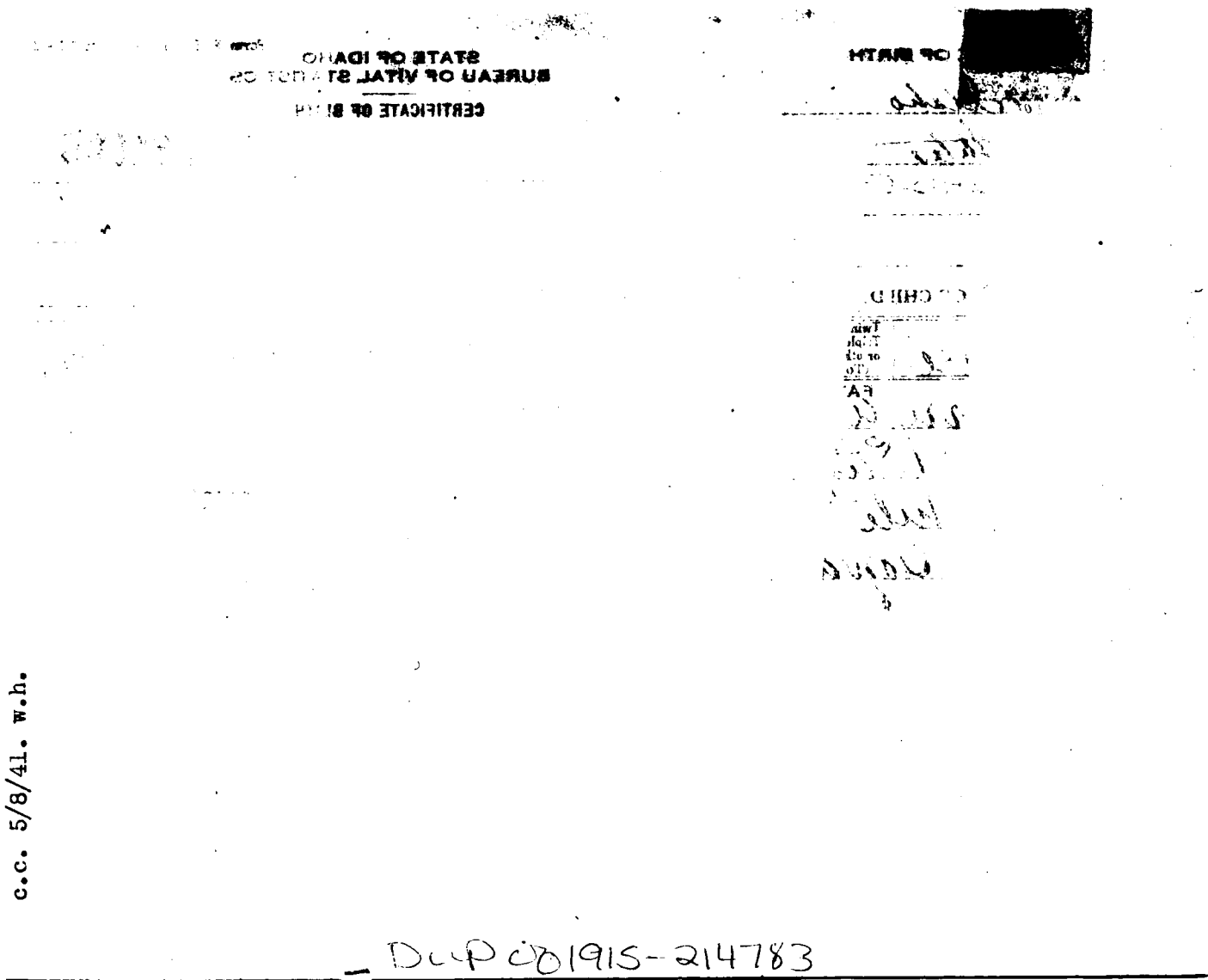
19

Address Stites Idaho

Registrar

Filed Aug 10 1915 J. M. Verbeck Clerk Registrar

S-Y CO. 20174



c.c. 5/8/41. w.h.

Dup c01915-214783

386-729-025-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital

Registration District No. 106 File No. 31807

Primary Registration District No. 2184 Registered No. 35

FULL NAME OF CHILD Thella Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	July 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Clark	FULL MAIDEN NAME	Emily B Thompson
RESIDENCE	Grangeville	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	General work

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Aug 10 1915 J M. Verbeekmans Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT
BUREAU OF
CERTIF

PLACE OF BIRTH

MAR 2 9 1974

CHILD

PATH

346-124-025-919

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 106 File No. 31808

No. ..... St.

Primary Registration District No. 2124 Registered No. 36

Hospital .....

FULL NAME OF CHILD Edward Luoma

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	July 24 1915

FATHER		MOTHER	
FULL NAME	Jacob Luoma	FULL MAIDEN NAME	Ida Raiskio
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Alavus, Finland	BIRTHPLACE	Alavus, Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. F. Hohlenberg

Physician

(Physician or midwife)

Address Kooskia, Idaho

Filed Aug. 10 19 15 J. M. Verbeck Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-102-025-713

PLACE OF BIRTH

Form V.S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31809

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 32

FULL NAME OF CHILD Richard ~~Bryson~~ BRISON Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Watson	FULL MAIDEN NAME	Ida Patterson
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Aug 10 1915 J. M. Verberkmoes
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

487-217-025-239

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Near Clearwater

Registration District No. 106 File No. 31810

No. ..... St.

Primary Registration District No. 2184 Registered No. 33

Hospital .....

FULL NAME OF CHILD Veronica Faye McPherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 17 1913

FATHER		MOTHER	
FULL NAME	S. I. McPherson	FULL MAIDEN NAME	Mary Stough
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Pennsylvania
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia Idaho

Filed Aug 20 1913 J. M. Verbeck M.D.

..... Registrar

S-Y CO. 24660 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]RTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31811

County of Cassia

City of Albion

No. 256-126-016-666 St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Elmer Costello Snodgrass

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		3	Yes	May (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julius C Snodgrass	FULL MAIDEN NAME	Ida Wood
RESIDENCE	Albion Ida	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ill.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Albion

Filed June 19 15 R H Greene Registrar

_____ Registrar

R-Y CO. 20174

K

Form V. S. No. 11-C-[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 5 1943

[redacted]RTH

199-10[redacted]
[redacted]

PLACE [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

31812

County of Benewah

City of DeSmet

No. ....., ... St.

Hospital .....

Registration District No. 21 File No. 8

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ignace Krippa

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	July 9th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanislas Krippa	FULL MAIDEN NAME	Marie Spokane
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	DeSmet	BIRTHPLACE	Spokane Reserve
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth..... Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

.....
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

Filed July 17 1915 John Post, Asst.
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE

Bureau of

CERTIFICA

Registration District No.

Primary Regis.

PLACE

City of

Date

Signature

251-106
041-235

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemon

City of Victor

Registration District No. 20 File No. 31813

No. ..... St.

Primary Registration District No. 2012 Registered No. .....

Hospital .....

FULL NAME OF CHILD Irwin Horace Kearsley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 6 1915

FATHER		MOTHER	
FULL NAME	Edwin Levy Kearsley	FULL MAIDEN NAME	Lula Stevens
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Holden Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj F Roseman M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed Aug 14 1915 Geo B Chaffee
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

212-130
032-259

PLACE OF BIRTH [redacted] Form V. S. No. 11-C—20m-2-15-13

[redacted] CS

County of Juneau

City of Juneau

Registration District No. _____ File No. 31814

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John Valentine Kass Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	June 30 1915

	FATHER	MOTHER
FULL NAME	John Kass	FULL MAIDEN NAME Apollonia Bertram
RESIDENCE	Juneau	Juneau
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Hungary	Hungary
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Hemming M.D.

Juneau Alaska (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 10, 1915

..... Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-202-018-819

PLACE OF BIRTH

AMENDED OCTOBER 26, 1953

County of Clearwater

City of Orofino

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 31815

Primary Registration District No. 2168 Registered No. 36

FULL NAME OF CHILD Genavieve Julia Leeper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 2, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Roy H. Leeper	FULL MAIDEN NAME: Marie Hartman
RESIDENCE: Orofino, Idaho	RESIDENCE: Orofino, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Kulm, North Dakota
OCCUPATION: Hardware Dealer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician
(Physician or midwife)

Address Orofino, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed July 3, 1915 J. M. Fairly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Klamath } ss.

Certificate No. 31815

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Genevieve Marie Leeper	Genevieve Julia Leeper
Mother's maiden name.	Hartman	Marie Hartman
Mother's birthplace.	So. Dak.	Kulm, North Dakota

Subscribed and sworn to before me this 23rd day of October, 1953

Notary Public, residing at Tennant, Oregon
My commission expires 4-14-56
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1953

Notary Public, residing at Tennant, Oregon
My commission expires 4-14-56
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

DPH 52.155

[illegible]

107-980

666-108-018-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31816

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	July 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William R. Offlick	FULL MAIDEN NAME	Catherine Kirkpatrick
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11.45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Orofino, Idaho

....., 19.....

Filed July 9 1915 J. M. Fairly Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Dup of 1915-292272

258-204-018-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

31818

PLACE OF BIRTH

County of Charwater

City of Oro Fino

No. ....., ... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD Mary Irene Snyder

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	X		X	Yes	July 4, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Denver Snyder	FULL MAIDEN NAME	Selva Ford
RESIDENCE	Oro Fino Idaho	RESIDENCE	Oro Fino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswell (Physician or Midwife)

Given names added from a supplemental report

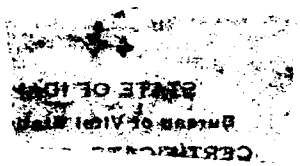
Address Oro Fino Idaho

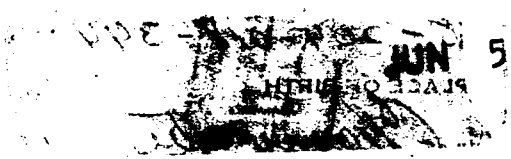
....., 19.....

Filed July 31 1915 J M Fairly Registrar

Registrar

S-Y CO., 16670

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69-3-105-018-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF ID[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 31819

PLACE OF BIRTH

County of Clearwater

City of Cavendish

No. ..... St.

Hospital .....

Registration District No. 40

Primary Registration District No. 2168

Registered No. 40

FULL NAME OF CHILD Henry Oscar Weltman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	7-5-13

FATHER

FULL NAME Frank Weltman

RESIDENCE near Cavendish

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wis.

OCCUPATION Proprietor saw mill

MOTHER

FULL MAIDEN NAME Adelaide Thomas

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Mo

OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1309 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.
(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed July 31 19 15 J. M. Fairs Registrar

8-Y CO. 24655

STATE OF
BUREAU OF VITAL STATISTICS

Death

Female

FULL
MAIDEN
NAME

386-109-018-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of _____

No. _____, _____ St.

Hospital _____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31820

Registration District No. 90

File No. _____

Primary Registration District No. 7168

Registered No. 41

FULL NAME OF CHILD Gordon Christian Choate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	July 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward C. Choate	Lillie Peterson
RESIDENCE	Tekoa Idaho	Tekoa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Idaho	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M. Forward

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 31 1913 J. M. Darby Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... } ss.
County of..... }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or death)
for Gordon Christian Choate (Name on original certificate) who July 9 (Was born or died) on Friday 1913 (Date of event)
in..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ✓ ✓ (Bible record, insurance policy, etc.) prepared on..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Mat Northwest Life Insurance taken out 29 May 1940	

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of..... } ss.
County of..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)

415-221-018-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Clearwater

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 31821

Primary Registration District No. 2168

Registered No. 42

FULL NAME OF CHILD Vera Edith Daniels

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	Yes	7/21, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Zim Sterns Daniels	FULL MAIDEN NAME	Ethel Van Airsdale
RESIDENCE	Cavandish	RESIDENCE	Cavandish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ede M Horswill

(Physician or Midwife)

Given names added from a supplemental report

Address Orofino

, 19

Filed July 31 19 15 J M Fairley

Registrar

Registrar

S-Y CO., 16670

JAN 19 1942

669-126-018-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of

No. , St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31822

Registration District No. 90 File No.

Primary Registration District No. 2168 Registered No. 43

FULL NAME OF CHILD Jack Owens

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X		X	Yes	7/26/15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reese E. Owens	FULL MAIDEN NAME	Effie E. McKinney
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Horswell

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Orofino Idaho

Filed July 31, 1915 J. M. Daily Registrar

Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

533-225-018-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Fraser

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 31823

Primary Registration District No. 2168 Registered No. 44

FULL NAME OF CHILD ~~Harvey E. Eller~~ MAUDE LUCILLE ELLER

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	X	X	Yes	8/25/15 (Month) (Day) (Year) 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey E. Eller	FULL MAIDEN NAME	Lydia Dorothy
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esli M Horswell

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Ao Fraser Idaho

Filed July 31 1915 J M Hartley

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CLEARWATER } ss.

Certificate No. 31823

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maude Lucille Eller (Name on Original Certificate) who born (Was Born or Died) on July 25, 1915 (Date of Event)
in Fraser, Clearwater Co. Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on About date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Maude Lucille Eller

Subscribed and sworn to before me this 24th day of February, 1942

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945.
(Seal)

Signed Margaret E. Eller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Crescent City Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of CLEARWATER } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 19 42

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Janie Myers
(Signature of Any Credible Person Other Than Previous Year)

Greer Idaho
(Street Address, City, State)

286-122-005-368

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

[redacted]IFICATE OF BIRTH

County of Bonner

City of Sand Point Registration District No. 78 File No. 31824

No. ____ St.

Primary Registration District No. 2155 Registered No. 822

Hospital ____

FULL NAME OF CHILD Roderick Butler Shonn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 22 1913

FATHER		MOTHER	
FULL NAME	R B Shonn	FULL MAIDEN NAME	Mrs Layd
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4.00 M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M McKinnon

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

____ 19____

Filed Aug 2 1913 M McKinnon

____ Registrar

8-Y CO. 24655 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-223
009-265

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. ~~9~~ 78 File No. 31825

No. 921 Pine St. Primary Registration District No. ~~8~~ 2135 Registered No. 823

Hospital

FULL NAME OF CHILD Mary Eva Florence Lucier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	July 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilfred E. Lucier	Delia Sorell
RESIDENCE	921 Pine Street	921 Pine Street
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	Chatham Ont. Canada	Old Lloyd Kansas
OCCUPATION	Blacksmith	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born A Live (Born alive or stillborn) at 3 P M on the date above stated.

(Signature) Mrs Peter Van Curler
M Midwife
(Physician or midwife)

Address 514 Pine Street Sandpoint

Filed Aug 28 19 16 M McKinnon Registrar

Aug 2 1915

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

695-212 [illegible]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Yes

Registration District No. 78 File No. 31826

Primary Registration District No. 2155 Registered No. 820

FULL NAME OF CHILD — Fredrickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	7 12 1915

FATHER		MOTHER	
FULL NAME	Fred Fredrickson	FULL MAIDEN NAME	Josephine Erickson
RESIDENCE	Dover Ida	RESIDENCE	Dover Ida
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housk

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician or midwife)

Given names added from a supplemental report.

Died 7/13 - Ebp 1915

Address Sandpoint

Filed Aug 2 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-216-009-462

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Bonner

City of Dover

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 31827

Primary Registration District No. 2135 Registered No. 821

FULL NAME OF CHILD Dorothy Linstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	3	Yes	July 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Linstrom	Anna Dobroth
RESIDENCE	Dover	Dover
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Sweden	Wisc.
OCCUPATION	Laborer- Mill.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6:20 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) R. T. Isaacson

(Physician or midwife)

Address Sand Point

Filed Aug 2 1915 M. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-209-009-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31828

County of Bonner

City of Dan Point

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2105 Registered No. 819

Hospital Yes

FULL NAME OF CHILD Ann Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	7 — 9 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard F. Curtis	Nell Martha
RESIDENCE	Dan Point	Dan Point
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Mich.	Hancock Mich.
OCCUPATION	druggist	Work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Patterson

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 2 1915 M. McKinnon Registrar

8-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1967

MAR 29 1943

DUP OF 1915-38072

893-202-009-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Boner

City of Laclede

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 31829

Primary Registration District No. 2150 Registered No. 818

FULL NAME OF CHILD Evelyn Fay Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	July 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Francis Hill	Verdie Martha Bennett
RESIDENCE	Laclede	Laclede
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Michigan	Wisconsin
OCCUPATION	Lawyer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Robert A. Allen

Physician

(Physician or midwife)

Address Laclede Ida.

Filed Aug 2 1915 M. McKinnon Registrar

B-Y CO. 24695

165-12-9-009-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Granite

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31830

Registration District No. 18 File No. .....

Primary Registration District No. 2153 Registered No. 817

FULL NAME OF CHILD Homer Eldon Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Y.	June 29. 1915

FATHER

FULL NAME Henry Johnson

RESIDENCE Granite, Ida.

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ills.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Orpha L. Rook

RESIDENCE Granite, Ida.

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mo.

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:09 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ware

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 2 1915 M McKinnon Registrar

S-Y CO. 24658

APR 24 1967

MAR 24 1976

MAY 20 1942

265-113-009-612

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Bonner

City of Eagle

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 31831

Primary Registration District No. 2155 Registered No. 816

FULL NAME OF CHILD Earnest Dworatzke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6 13 1915

FATHER		MOTHER	
FULL NAME	Alex J. Dworak	FULL MAIDEN NAME	Iva Washburn
RESIDENCE	Eagle Ida	RESIDENCE	Eagle Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Colo.
OCCUPATION	Engineer	OCCUPATION	Work

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 2 1916 M McKinnon Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-210-009-816

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Samuels

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 31832

Primary Registration District No. 2155 Registered No. 815

FULL NAME OF CHILD June Southmayd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	6 – 10 1915

FATHER		MOTHER	
FULL NAME	John Southmayd	FULL MAIDEN NAME	Minnie Hawker
RESIDENCE	Samuels Ida	RESIDENCE	Samuels Ida
COLOR	W AGE AT LAST BIRTHDAY 51 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician or ~~midwife~~)

Address Sand Point

Filed Aug 2 1915 M McKinnon
Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1961

714-229-009-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. ..... St.

Registration District No. 18 File No. 31833

Primary Registration District No. 2155 Registered No. 814

Hospital

FULL NAME OF CHILD June Gourley

Sex of Child	Twin, Triplet or Other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 29 1915

FATHER	MOTHER
FULL NAME Frank R Gourley	FULL MAIDEN NAME Erlande A Twiss
RESIDENCE East Hope	RESIDENCE East Hope
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Minnesota
OCCUPATION Engineer	OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hope

Filed Aug 2 1915 M McKinnon

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 18 1941

962-219-009-539

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Colburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 31834

Primary Registration District No. 2133 Registered No. 813

FULL NAME OF CHILD Eva Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	Feb 19 1915

FATHER		MOTHER	
FULL NAME	Sam Robinson	FULL MAIDEN NAME	Christy Elisabeth
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	N. Dak
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam Robinson (Physician or midwife)

Address Colburn

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 2 1915 M McKinnon Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

574-206-014-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 330 N Sixth St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 31836

Registered No. 40

FULL NAME OF CHILD Inez Harper Equals

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 6 1915

FATHER

FULL NAME: E. W. Equals

RESIDENCE: 330 North Sixth St. Payette, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Tennessee

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Emma Harper

RESIDENCE: with Husband

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 26 1915 J. C. Woodsworth Registrar

S-Y CO. 24655

5

[redacted]

OCT 3 1975

FEB 10 1954

CC 4/5/41 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36-210-014-864

PLACE OF BIRTH

County of Canyon

City of Payette

No. 1637 Second Ave So St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31837

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 41

FULL NAME OF CHILD Arpie May Cosman

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) | Legitimate? Yes | Date of Birth June 10 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Jerry B. Cosman	FULL MAIDEN NAME Merlie Youmans
RESIDENCE 1537 Second Ave. So. Payette	RESIDENCE 1537 Second Ave So. Payette
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE New Brunswick	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Laborer

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 26 19 15 J. C. Woodward
Registrar

S-Y CO. 24655

359-120-014-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 31838

Registered No. 42

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 20 1915

FATHER		MOTHER	
FULL NAME	Ernest Leigh	FULL MAIDEN NAME	Mary Bleiaker
RESIDENCE	3½ miles South of Payette, Ida	RESIDENCE	3½ Miles South of Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

19

Registrar

Filed July 26 1915 J. E. Woodhouse Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

243-103-014-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31839

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 43

FULL NAME OF CHILD ~~[illegible]~~ ROBERT ORLAND BULLIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 3 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Delass Bullis	FULL MAIDEN NAME Rose Mittelstaat
RESIDENCE 3 Miles South of Payette, Idaho	RESIDENCE 3 Miles south of Payette, Idaho
COLOR White — AGE AT LAST BIRTHDAY 21 (Years)	COLOR White — AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Iowa	BIRTHPLACE North Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Payette, Ida

19

Filed July 26 1915 J. C. Woodward Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Benton } ss.

Certificate No. 31239

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for ------ ------ Bullis who was born on July 3, 1915
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Payette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by attending physician's unfiled certificate prepared on July ---, 1915, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Orland Bullis

Subscribed and sworn to before me this eleventh
day of May, 19 42

Notary Public, residing at Corvallis, Ore.

My commission expires Dec. 23, 1942
(Seal)

Signed Rosa Millicent Bullis.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2, Corvallis, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Benton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this eleventh
day of May, 19 42

Notary Public, residing at Corvallis, Ore.

My commission expires Dec. 23, 1942
(Seal)

Signed Wilson Everett Bullis.
(Signature of Any Credible Person Other Than Previous Year)

Rt. 2, Corvallis, Oregon
(Street Address, City, State)

MAY 1 3 1942

469-104-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Payette

No. 1434 Second Ave N. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 31840

Registered No. 44

FULL NAME OF CHILD Unnamed Earl Eugene Dorathy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 4 1915

FATHER	MOTHER
FULL NAME W. E. Dorathy	FULL MAIDEN NAME Regina Harling
RESIDENCE Near Fruitland, Idaho	RESIDENCE with Husband
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 00 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 26 1915 J. C. Woodworth
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

FEB 25 1942

4/1/41 L. B.

491-212-014-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31841

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 45

FULL NAME OF CHILD

Sex of Child: female | Twin Triplet or other? one and Number in order of birth: one (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: July (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jessie F Draper	FULL MAIDEN NAME	Adeline Rosenberg
RESIDENCE	Payette	RESIDENCE	Payette ~~Petawatomy house~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Canyon Co Idaho	BIRTHPLACE	Petawatomy house
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: first Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Barton MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

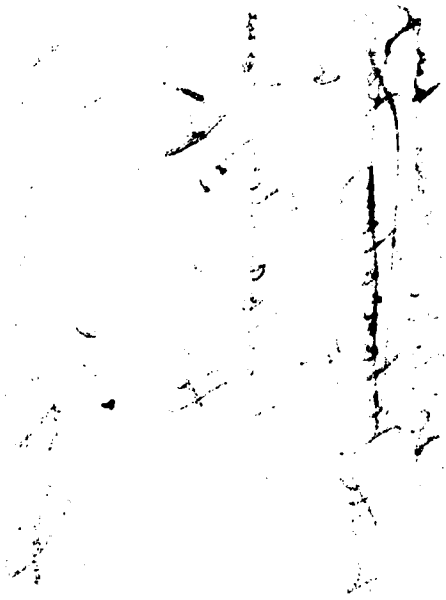
Address

Filed July 26 1915 J C Woodward Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

141-215-014-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 31843

Primary Registration District No. 1008 Registered No. 47

FULL NAME OF CHILD Hazel Bell Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		1	Yes	July 15th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur H. Adams	Grace L. Richardson
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Brouah M.D.

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 26 1915 J. C. Howard Registrar

S-Y CO. 24685

449-215-014-414

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Payette

No 1026 First Ave. So. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31844

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 48

FULL NAME OF CHILD Mary Margaret Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. H. Murphy	FULL MAIDEN NAME	Ruth Maule
RESIDENCE	1026 First Ave. South	RESIDENCE	1026 First Ave. South
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida.

Filed July 26 1915 J. C. Woodward Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AGSI

NOV 29 1943

695-119-014-9[illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31845

County of Canyon

City of _____

No. _____ St.

Hospital _____

Registration District No. 4 File No. _____

Primary Registration District No. 1008 Registered No. 49

FULL NAME OF CHILD Donald Samuel Wing

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	7-19 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Warren Wing	FULL MAIDEN NAME	Alice Gertrude Mathers
RESIDENCE	Big Willow	RESIDENCE	Big Willow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Fisher, Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Barton M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed July 26 1915 J. C. Woodward Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1958

685-125-014-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No. 31846

Primary Registration District No. 1008

Registered No. 50

FULL NAME OF CHILD [redacted] JACOB CALKINS WINDLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 25 1915

FATHER		MOTHER	
FULL NAME	George Windle	FULL MAIDEN NAME	Jessie Calkins
RESIDENCE	Five miles northEast of Payette	RESIDENCE	With husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

19

Registrar

Filed July 26 19 15 J. C. Woodward Registrar

B-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 31346
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Windle	Jacob Calkins Windle

Subscribed and sworn to before me this 12th
day of June, 1944
(Clyde Hughes)
Notary Public, residing at Seattle
My commission expires June 3rd 1947
[SEAL]

Signed Mrs. Jessie Windle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
165 Melrose Ave N
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of June, 1944
(Clyde Hughes)
Notary Public, residing at Seattle
My commission expires June 3rd 1947
[SEAL]

Signed Grace Windle West
(Signature of any credible person other than the previous affiant.)
4233 Leary Way, Seattle Wash
(Street Address, City, State)

Received for filing on (47) By
(Registrar's signature)

629-226-010-364

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STAT[redacted]
BUREAU OF [redacted]TISTICS

CERTIFICATE OF BIRTH

31847

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. .....

Primary Registration District No. 2150

Registered No. 163

FULL NAME OF CHILD VIOLET GRACE OBREY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2nd	Yes	May 26 1915

FATHER		MOTHER	
FULL NAME	Lawrence W Obrey	FULL MAIDEN NAME	Edith Coughlin
RESIDENCE	Idaho Falls	RESIDENCE	I.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Moving pict op.	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 7/7 1915 W. Summerall

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 31847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Violet Grace Obrey (Name on Original Certificate) who born (Was Born or Died) on May 26 - 1915 (Date of Event)
in Idaho Falls Ida (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Violet Grace Obrey

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs Edith Schuetze (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of February, 19 42

E E Owen

Notary Public, residing at Idaho Falls Idaho

My commission expires July 6 - 1944
(Seal)

Signed Mrs Edith Schuetze
(Signature of Any Credible Person Other Than Previous Year)

167 3rd St. Idaho Falls Idaho
(Street Address, City, State)

1942

MAR 1 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-230-010-415

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31848

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 21 V-0 Registered No. 164

FULL NAME OF CHILD Wilma Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2nd	Yes	May 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Baker	FULL MAIDEN NAME	Lucile Daniels
RESIDENCE	Irwin Ida	RESIDENCE	Irwin Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Idaho Falls Ida

Filed 7/7 1915 A. Rummond Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Own Child's Birth Cert. on file: (Idaho Birth) #218450 gives full maiden name of mother as Wilma Baker - viewed by V.S. Statement from Mrs. Lelia Garland, R.R.L., Medical Record Librarian, Idaho Falls Hospital, Idaho Falls, Idaho statement written Nov. 9, 1963 gives full name of patient as Mrs.
Keith Irwin Shurtliff (formerly Wilma Baker) admission dates, May 10, 1940, January 7, 1934; Sept. 23, 1947 - date of birth is May 30, 1915 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
NOV 14 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 31848

State of ..... } ss.
County of ..... } given as

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Baker (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilma Baker

Subscribed and sworn to before me this ..... day of ....., 19..

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19..

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 9-4-63. nm

NOV 20 1963

Amended 3/28/73

243-203-00-253

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31849
Local Reg. No.
Reg. Dist. No. 73

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Grace
b. (Middle): Eleanore
c. (Last): Butler

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 3, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Ralph
b. (Middle): F.
c. (Last): Butler

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Colo.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Carrie
b. (Middle): Lenore
c. (Last): Beckley

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Colo.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: S. S. Fuller, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7/7/15

22. REGISTRAR'S SIGNATURE: W. Kinnaird

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 4PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 23 2 44 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 31849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Butler (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 15 - 1917 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Grace Eleanor Butler
Date of Birth	June 2, 1915	June 3, 1915
Mother's name	Cary L. Beckley	Carrie Leanore Beckley
Father's Name	R. F. Butler	Ralph F. Butler

Subscribed and sworn to before me this 16 day of
January 1973
Ralph L Albaugh
Notary Public, residing at Idaho Falls, Ida
My commission expires 6-23-1974
(Seal)

Signed Ralph F Butler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of
January 1973
Ralph L Albaugh
Notary Public, residing at Idaho Falls Ida
My commission expires 6-23-1974
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155

Family Bible Record gives father's name as Ralph Francis Butler born July 7, 1886. Mother's name given as Carrie Lenore Butler Born Feb. 19, 1886. Child's name given as Grace Eleanore Butler born June 3, 1915. Viewed by V. S.

Sister's birth certi.fon file in Idaho (File No. 580) gives name as Georgis Lou Butler. Father's name given as Ralph F. Butler and mother's name given as Carrie L. Beckley. Viewed by V. S.

Death certif. for mother on file in Idaho (#134029) April 27, 1943 gives full name as Carrie Lenore Butler and husbands full name a Ralph F. Butler. Viewed VS

Certif. of Church Membership from the First Presbyterian Church gives name as Grace Eleanore Ockerman was rec'd by Baptism and Confession of Faith. Dated May 9, 1943. Viewed by V. S.

Notificateion of Birth Registration from Idaho gives child' s name as Brenda Mae Ockerman. Born May 1, 1944 gives father's name as Charles O'Neil Ockerman and the mother's name as Grace Eleanore Butler. Viewed by V. S.

Application from Metropolitan Life Insurance Company gives name as Charles Ockermna listed members covered as Grace Ockerman born June 3, 1915. Viewed by V. s
Dated March 12, 159. Viewed by V. S.

367-110-010-142

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31850

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 166

Hospital

FULL NAME OF CHILD Ray Copeland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	June 10 1918

FATHER	MOTHER
FULL NAME Daniel O. Copeland	FULL MAIDEN NAME Gertie Eckmann
RESIDENCE Idaho Falls Ida	RESIDENCE I. Falls Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kans
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Faulkner M.D.

M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed 7/7 19 18

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 24, 1941. E.W.

413-203-010-993

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 31851

Primary Registration District No. 2153 Registered No. 167

FULL NAME OF CHILD Alta Arvella Matteson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	YES	June 3 1915

FATHER		MOTHER	
FULL NAME	M R Matteson	FULL MAIDEN NAME	Katie Ritter
RESIDENCE	Idaho Falls Ida	RESIDENCE	D. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kans	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Tucker M.D.

Mrs. (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/7 19 15 _____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible] }

Certificate No. 31951

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Alta Arvella Matteson

Subscribed and sworn to before me this 20 day of [illegible], 19 [illegible]

[illegible]
Notary Public, residing at Seattle, Wash.
My commission expires April 15, 1938
(Seal)

Signed Merrills Raymond Matteson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
7111 Woodside Place Seattle, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 19 [illegible]

[illegible]
Notary Public, residing at Seattle
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
[illegible]
(Street Address, City, State)

MAR 27 1945

433-204-010-599

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31852

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Fullers

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 164

FULL NAME OF CHILD Mary Jayne McLain.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	yes	June 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C D McLain	FULL MAIDEN NAME	Helen Erickson
RESIDENCE	Idaho Falls Ida	RESIDENCE	I. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Druggist	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls Ida

Filed 7/7 1915 A. Kimmerich Registrar

6-Y CO. 24659

...RGIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1955

819-125-010-483

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31853

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. _____

Primary Registration District No. 21 Registered No. 169

FULL NAME OF CHILD Ira Charles Hardy

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	6 (To be answered only in event of plural births)	yes	May 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Hardy	FULL MAIDEN NAME	Julia Miller MYLER
RESIDENCE	Idaho Falls	RESIDENCE	I. F. Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls

Filed 7/7 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 31853
Date Filed 7-1-15

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ----Hardy (Name on original certificate) who was born (Was born or died) on May 25, 1915 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	none	Ira Charles Hardy
Mothers maiden name	Julia Miller	Julia Myler

Subscribed and sworn to before me this 8th
day of December, 1945
Myrna L Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

*Signed Julia Myler Hardy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1917 N 10th Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 1945
Myrna L Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

*Signed Julia Hardy Moore
(Signature of any credible person other than the previous affiant.)
1917 N. 10th, Boise
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 13 1972

693-116-010-713

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** 31854

Primary Registration District No. 2100 **Registered No.** 170

FULL NAME OF CHILD Jno Clyde Wilson

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** 2 (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** June 16 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Clyde C Wilson	**FULL MAIDEN NAME**	Marion Patterson
RESIDENCE	Idaho Falls Ida	**RESIDENCE**	I. F.
COLOR	W	**COLOR**	W
AGE AT LAST BIRTHDAY	29 (Years)	**AGE AT LAST BIRTHDAY**	23 (Years)
BIRTHPLACE	Neb	**BIRTHPLACE**	Ia
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed 7/7 1910 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

433-222-010-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31855

Primary Registration District No. 2102 Registered No. 171

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	Yes	June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas McCallister	FULL MAIDEN NAME	Grace Beam
RESIDENCE	Idaho Falls Ido	RESIDENCE	I. Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Drayman	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed 7/7 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

629-221-010-294

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 31856

Primary Registration District No. 2140

Registered No. 172

FULL NAME OF CHILD NEDA DANISE OBREY

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)	12	yes	May 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Obrey	FULL MAIDEN NAME	Elizabeth Bruce
RESIDENCE	Idaho Falls Ido	RESIDENCE	I. Falls Ido
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	R.R. Engineer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ido

Filed 7/7 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 30 1 17 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31856

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Obrey (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Obrey	Neda Danise Obrey

Subscribed and sworn to before me this 30 day of June, 1977

Margaret Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Table Dr. [illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Notification of Birth issued by Department of Commerce Bureau of the Census 1/19/41 lists name of Mother as Neda Danise Obrey. viewed by V.S.

JUN 3 0 1977

Marriage License issued by State of Idaho 31 October 1961 lists name of Bride as Neda D. Coburn Maiden name Obrey. viewed by V.S.

666-118-010-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 8/24/76

Registration District No. 73 File No. 31857

Primary Registration District No. 2100 Registered No. 173

FULL NAME OF CHILD Franklin Otto Fowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	June 18 19[illegible]

FATHER		MOTHER	
FULL NAME	Frank Fowers	FULL MAIDEN NAME	Elizabeth Schneiter
RESIDENCE	Idaho Falls Ida	RESIDENCE	I. Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Drayman	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller M.D.
M D
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7/7 19 10 _____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
'76 MAR 16 AM

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31857

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Fowers (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1915 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal (Bible Record, Insurance Policy, Etc.) prepared on 8-2-73 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Franklin Otto Fowers
birthdate	May 18, 1915	June 18, 1915

Subscribed and sworn to before me this ..... day of
[illegible], 1976
[illegible]
Notary Public, residing at Bountiful
My commission expires .....
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible] Bountiful Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 136, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
[illegible], 1976
[illegible]
Notary Public, residing at Bountiful
My commission expires .....
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
2954 Parkview Dr
(Street Address, City, State)
Bountiful Utah

FORM DH 60-155 RUSH for passport 3/2/73 gml

AUG 24 1976

Certif of Baptism from the LDS Church gives name as Franklin Otto Fowe's son of Franklin Johnson Fowers, Jr and Elizabeth Louise Schneiter. Born June 18, 1915 at Idaho Falls, Idaho. Baptized Aug 2, 1923. viewed by VS

Insurance policy from Occidental Life Ins. Co. of North Carolina gives name as Frank O. Fowers. dated 12-7-67 Policy No. 399 707-W. born 6-18-15. viewed by V. S.

792-230-010-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31858

Primary Registration District No. 2150 Registered No. 174

FULL NAME OF CHILD Edythe Lottie Virginia Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	June 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T H Gibson	FULL MAIDEN NAME	Katie Blair
RESIDENCE	Idaho Falls Ida	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 7/7 1915 W Kimmel
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 31858

State of Texas } ss.
County of Moore }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for (Unnamed) Gibson (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3 - 19[illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edythe Virginia Gibson

Subscribed and sworn to before me this 2nd day of June, 1943.

Ex Cle Tex.

County Clerk, ~~xxxxxxxxx~~ residing at Dumas, Texas.

My commission expires Jan. 1, 1945.
(Seal)

Signed Mrs T. H. Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dumas Texas Box 43
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.
County of Moore }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of June, 1943.

Eli Willis

Notary Public, residing at Dumas Texas

My commission expires June 1, 1945
(Seal)

Signed Mrs. Lee Morrison
(Signature of Any Credible Person Other Than Previous Year)

Dumas, Texas
(Street Address, City, State)

614-104-010-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31859

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 175

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	3	yes	July 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. E. Fader	FULL MAIDEN NAME	Louise Packard
RESIDENCE	Idaho Falls Ida	RESIDENCE	I. Falls Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 7/7 1915 A. Kimmard
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-103-010-891

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31860

Primary Registration District No. 2117 Registered No. 176

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	July 3 1915

FATHER		MOTHER	
FULL NAME	Ray Murdock	FULL MAIDEN NAME	Estella Hiatt
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Charleston Utah	BIRTHPLACE	Ammon
OCCUPATION	Labor	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1-20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed July 6 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-101-010-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31861

Registration District No. 73 File No. .....

Primary Registration District No. 2101-2 Registered No. 177

FULL NAME OF CHILD ROY SANT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Boy				Yes	July 1 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmo Sant	FULL MAIDEN NAME	May Bell Southwick
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ammon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 o'clock P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed July 6 1915

..... Registrar

Registrar

S-Y CO. 24668

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King }

Certificate No. 31861

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Roy Sant (Birth or Death)
for (Name on Original Certificate) who Was Born on June 10 (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roy Sant

Subscribed and sworn to before me this 29th
day of July, 1942

Signed Maybelle Sant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Seattle Wash

My commission expires July 22 1942
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

AUG 1 1942

447-103-010-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31862

Primary Registration District No. 2150 Registered No. 178

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 3, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Dugan	FULL MAIDEN NAME	Margaret Martin
RESIDENCE	Lincoln, Ida.	RESIDENCE	Lincoln, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellor, M.D.

Idaho Falls, Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls

Filed July 8 1915 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915 - DE77-385

795-123-010-353

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m—6-15-12

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 31863

Registration District No. 73 File No. .....

Primary Registration District No. 2143 Registered No. 171

FULL NAME OF CHILD Glenn Lee Prestwich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 23, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Prestwich	FULL MAIDEN NAME	Florence Lee
RESIDENCE	Lincoln, Ida.	RESIDENCE	Lincoln, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar M.D.
(Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 6 1915 [illegible] Registrar

S-Y CO. 20174

962-123-010-142

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31864

Registration District No. 73 File No. .....

Primary Registration District No. 215-0 Registered No. 180

FULL NAME OF CHILD .....

Sex of Child: male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: June 23, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex Robb	FULL MAIDEN NAME	Margaret Austin
RESIDENCE	Lincoln, Ida.	RESIDENCE	Lincoln, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar, MD

(Physician or midwife)

Address Idaho Falls, R.1

Filed July 5 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1969

685-228
010-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31865

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

Registration District No. ~~98~~ 73

Primary Registration District No. ~~2176~~ 2150

File No. .....

Registered No. 181

FULL NAME OF CHILD GRACE JEANETTA WHEELER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Apr. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Wheeler	FULL MAIDEN NAME	Jean Cameron
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7/9 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of [illegible]

Certificate No. 31865
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Apr. 28, 1915 (Date of Event) in Poplar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1939 Jan. 14, 1938 (Give Date), are: Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	"Unnamed"	Grace Jeanetta Wheeler

Subscribed and sworn to before me this 1 day of July, 1939
Marion F. Harrap
Notary Public, residing at Kirie Idaho
My commission expires June 7 1958
(Seal)

Signed Mrs Jean M Wheeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of July, 1939
Marion F. Harrap
Notary Public, residing at Kirie Idaho
My commission expires June 7 1958
(Seal)

Signed Tom Wilder
(Signature of Any Credible Person)

Kirie Idaho
(Street Address, City, State)

DPH 52.155

JUL 12 1955
OCT 7 1960

266-129-010-512 Amended 8/4/93 11t

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~98~~ 73 File No. 31866

Primary Registration District No. ~~21~~ 21 50 Registered No. ~~[illegible]~~

FULL NAME OF CHILD Jay Elias Bowen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	June 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. L. Bowen Cacey Lavon Bowen	FULL MAIDEN NAME	Ethel L. Earl
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M Palmer
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 7/9 1915 W Yurmand
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } SS

Certificate No. 15-31866
Date Filed 07-09-15

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Baby Boy Bowen (Name on Original Certificate) who was born (Was Born, Died, etc.) on JUNE 29, 1915 (Date of Event Reported on Original Certificate)
in Poplar (Bonneville) Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Full Name of Child	Blank	Jay Elias Bowen
Father's Full Name	C. L. Bowen	Cacey Lavon Bowen

Subscribed and sworn to before me this 4th day of August, 2015

Notary Public, Tina Toledo

Residing at Toledo, Idaho

My commission expires 7/14/19 (Seal)

Casey L. Bowen
Signature of Applicant

580 Melrose Ct., Wasilla, AK 99654
Street Address, City, State and Zip

NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

Certificate of baptism and confirmation for Casey Lloyd Bowen dated July 4, 1959 shows father's name as Jay Elias Bowen. Viewed by VS

Certificate of Blessing dated July 5, 1951 for Casey Lloyd Bowen show father's name as Jay Elias Bowen. VIewed by VS

State of Idaho birth certificate dated 8/13/10 state file 1910-D73-209 for Genevieve Avilla Bowen shows father's name as Casey Lavon Bowen. VIewed by VS

State of IDaho birth certificate dated 2/0/13 state file #1913-12185 for Vinda Madge Vowen shows father's name as Cacey L. Bowen. Viewed by VS

433-226-010-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31867

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. ~~28~~ 73

Primary Registration District No. ~~2176~~ 21 J-0

File No. .....

Registered No. ~~1~~ 3

FULL NAME OF CHILD Bessie Fern McLing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	May 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. H. McLing	FULL MAIDEN NAME	Laura Robertson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 25

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 7-10 1915 ~~Roy H. Fish~~ P. [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31867

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert Baptism-Cert Blessing prepared on Baptism 7-1-23 Blessing 9-5-15, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McLing	Bessie Fern McLing
	IT IS TRUE	DATE OF BIRTH MAY 26th 1915

Subscribed and sworn to before me this 22nd
day of January, 1946.
X Arthur R Muskin
Notary Public, residing at Upon Idaho
My commission expires April 13, 1949
(Seal)

Signed [signature] X
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Upon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of [illegible], 1946.
Jamie Bowards
Notary Public, residing at Provo Utah
My commission expires March 12, 1946
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)
29 W 2N Provo Utah
(Street Address, City, State)

249-128-010-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~98~~ 13 File No. 31868

Primary Registration District No. ~~2176~~ 210-0 Registered No. 124

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Apr. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David T. Smith	FULL MAIDEN NAME	Donona Parsons
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

Address Rigby

_____ 19__

Filed July 10 1915 ~~[illegible]~~ [illegible] Registrar

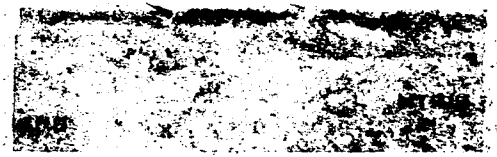
_____ Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



459-105-010-261

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls,

No. 317 Hill St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31869

Primary Registration District No. 21-0 Registered No. 185

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	Single		1	Yes	July (Month) 5 (Day) 1916 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Washington Derrong	FULL MAIDEN NAME	Edna Jura Swanson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address 461 Shoup ave. Idaho Falls

Filed July 13 1916 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

214-114-010-165

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 721 St.

Hospital

Form V. S. No. 11-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31870

Primary Registration District No. 210-0 Registered No. 166

FULL NAME OF CHILD Benjamin Jay Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 14 1913

FATHER	MOTHER
FULL NAME Fred T Barnes	FULL MAIDEN NAME Alpha Jones
RESIDENCE Idaho Falls Ida	RESIDENCE Idaho Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls Ida

Filed July 14 1913 [signature] Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-209-010-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31872

Primary Registration District No. 2140 Registered No. 144

FULL NAME OF CHILD Helen Louise Crowley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	July 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Crowley	FULL MAIDEN NAME	Laura Maurice
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Deputy Assessor & Treasurer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive July 9-1915 at 3:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodgman M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed July 15 1915 C. Kinnaird
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-219-010-966

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31873

County of Bonneville

City of Ida Falls Ida.

No. ..... St.

Hospital Finley

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 189

FULL NAME OF CHILD VIRGINIA M. LARSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 / 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor Larson	FULL MAIDEN NAME	Con. Rowe
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls. Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Osage City Kans.	BIRTHPLACE	Terraville, S. Dak.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 19-15 at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodenquist M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Ida.

Filed July 21 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 5 3 14

2 5 5

2 1 0 8
2 2 0 2 0
2 5 3 5 1 4

4 7 3 7.8 4

2 1 0 8 7 0
2 5 3 5 1 4

4 6 5 3.8 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 31873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on August 13, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Virginia M. Larson

Subscribed and sworn to before me this 13th
day of August 1942.
Saul T. Peterson
Notary Public, residing at Idaho Falls, Idaho.
My commission expires March 29th, 1944
(Seal)

Signed Cornelia Kingsbury (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
235 - 7th St., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th.
day of August 1942
Saul T. Peterson
Notary Public, residing at Idaho Falls, Idaho.
My commission expires March 29th, 1944.
(Seal)

Signed A. R. Sodergren
(Signature of Any Credible Person Other Than Previous Year)
Idaho Falls Idaho.
(Street Address, City, State)

AUG 21 1942

MAY 16 1961

AUG 24 1942

21.3-114-C.O. 553

Amended 3-18-64 **(Be sure the information is complete and accurate)**

State File No. 31874

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 190

Reg. Dist. No. 73

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Arnold b. (Middle): John c. (Last): Backlund

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 14, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Daniel b. (Middle): c. (Last): Backlund

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sweden

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lena b. (Middle): c. (Last): Nelson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. R. Soderquist, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: July 21, 1915

20. REGISTRAR'S SIGNATURE: Wm. Kinnaird

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG. | 22b. WEIGHT AT BIRTH | 23

ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss. RECEIVED MAR 13 1964 Bureau of Vital Statistics

Certificate No. 31874

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Becklund (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on....., (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arnold John Backlund
Father's Last Name	Becklund	Backlund

Subscribed and sworn to before me this.....day of
....., 19.....
Eugene E. Black
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed x Francis T. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10-30-63. nm

Own Child's Birth Cert. on file: (Idaho Birth) #313983 gives full name of father as Arnold John Backlund - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 7, 1937 gives full name as Arnold John Backlund, son of Danial Backlund and Elina Nelson, born July 14, 1915 at Idaho Falls, Idaho - viewed by V.S.

Bankers Life Insurance Policy, dated Dec. 1, 1936, #1120582 gives full name of insured as Arnold Backlund, age 21, gives full name of beneficiaries as Daniel Backlund, father and Elina Backlund, mother - viewed by V.S.

866-114-010-122

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31875

County of Bonneville

City of Ida Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 191

Hospital

FULL NAME OF CHILD Claude Raymond Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7/14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. V. Howell	FULL MAIDEN NAME	Vera Abbott
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N. Carlina	BIRTHPLACE	Browning, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 14-15 at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodenquist M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cust Lucas Ida.

Filed July 21 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1951

413-221-010-665

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 460 Water *St.*

Hospital _____

Registration District No. 73 **File No.** 31876

Primary Registration District No. 21d-0 **Registered No.** 192

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 21, 191 1

FATHER		MOTHER	
FULL NAME	Harry Mac Haught	FULL MAIDEN NAME	Lena Crane
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Fremont Co.	BIRTHPLACE	Taylor, Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female Crane (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Townsend

Physician

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

Filed July 22 19 11 Wm Townsend *Registrar*

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 5 1975

791-222-010-296

Form V. S. No. 11-C—25m-1-1-1

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 3rd St.

Amended 5/24/79

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 31877

Primary Registration District No. 2150 Registered No. 193

FULL NAME OF CHILD Marvilla Mae Graham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Newell G. Graham	FULL MAIDEN NAME	May Brown
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Rexburg Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kremaid
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed July 23 1915 W. Kremaid
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 31877
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Graham (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 22, 1915 (Date of Event)
in Idaho Falls, ID (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Marvilla Mae Graham

Subscribed and sworn to before me this 17th day of April, 1979.
Notary Public, Mary Brooks
Residing at Bonneville, Idaho
My commission expires 11-1-82
(Seal)

[redacted]
Signature of Applicant

[redacted]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/6/79

Membership Audit by the L. D. S. Church gives name as Marvilla Mae Graham born July 22, 1915, in Idaho Falls, to Newell Grahma and May brown.
Record issued 1968 by L. D. S. Church
Viewed by V.S.

MAY 24 1979

Record of marriage by Bishop Leonard Graham gives name as Marvilla Mae Graham. Married in 1937. Later married in Temple on June 29, 1968.
Viewed by V.S.

263-218-010-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31878

Registration District No. 73 File No. _____

Primary Registration District No. 2140 Registered No. 194

FULL NAME OF CHILD _____

Sex of Child: Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July (Month) - 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Bolin	FULL MAIDEN NAME	Etta Morris
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	South Carolina	BIRTHPLACE	Utah
OCCUPATION	Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - July - 18 - 1915 at 1:00 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed July 23 1915 [signature]
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

742-122-010-599

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31879

Registration District No. 3 File No. _____

Primary Registration District No. 2150 Registered No. 195

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Yes	July 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Gustafson	FULL MAIDEN NAME	Mathilda Erickson
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden.	BIRTHPLACE	Sweden.
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - July 22-1915 at 4 00 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed July 23 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

742-122-010-599

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... *St.*

Hospital .....

Registration District No. 73 File No. 31880

Primary Registration District No. 2150 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	and	Yes	7-22-15 191.. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Gustafson	FULL MAIDEN NAME	Mathilda Erickson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive--7-22-15 at 4:A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Cline

Physicia
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed 7-23-15 19.... W. Kinnaird
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163-104-010-245

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31881

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. _____

Primary Registration District No. 2142 Registered No. 196

FULL NAME OF CHILD Kenneth B Jolley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John L Jolley	FULL MAIDEN NAME	Annie Binnington
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Christmanville Utah	BIRTHPLACE	St Louis Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas E Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Ida

Filed 7/26 1915 C Kennard Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 31881

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	July 3	July 4-1910

Subscribed and sworn to before me this 28 day of July, 1943.

X Pauline Ambrose

Notary Public, residing at Emmett

My commission expires 1/14/47
(Seal)

Signed X Rose M Talley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 28 1943

962-116-010-135

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31882

County of Bonneville

City of Ucon

No. _____ *St.*

Hospital _____

Registration District No. 72 **File No.** _____

Primary Registration District No. 2102 **Registered No.** 197

FULL NAME OF CHILD ORVILLE EUGENE ROBINSON

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** July (Month) 16 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Cimos G Robinson	**FULL MAIDEN NAME**	Margret A Alexander
RESIDENCE	Ucon	**RESIDENCE**	Ucon
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	61 (Years)	**AGE AT LAST BIRTHDAY**	37 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Illa,
OCCUPATION	Farmer	**OCCUPATION**	Horse wife

Number of child of this mother, including present birth 10 **Number of children of this mother now living, including present birth** 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ **at** 9:25 P **M. on the date above stated.**

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address Ucon Bonneville Co Idaho

Filed 7/29 1915 [signature] *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-214-010-216

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31883

Primary Registration District No. 2150 Registered No. 198

FULL NAME OF CHILD Vera Valaria Andrus

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Andrus	FULL MAIDEN NAME	Lovenia Evealine Bawden
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed 7/29 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 0 1967

319-201-010-685

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Irwin

Registration District No. 73

File No. 31884

No. ....., ... St.

Primary Registration District No. 21 1-0

Registered No. 199

Hospital .....

FULL NAME OF CHILD Minnie Bell Cary

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth July 1st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Cary	FULL MAIDEN NAME	Myrtie Wheat
RESIDENCE	Irwin	RESIDENCE	Smin Ids.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Laura Weeks

(~~Physician or~~ Midwife)

Given names added from a supplemental report

....., 19.....

Address Irwin Idaho

Filed 7/29 1915 [signature]

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

CERTIFICATE OF BIRTH

31885

City of Herman Registration District No. 73 File No.

No. , St. Primary Registration District No. 211-0 Registered No. 200

Hospital

FULL NAME OF CHILD Layton David Marshall

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	-	1	yes	June 7, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Heber Marshall	FULL MAIDEN NAME	Louisa Beebe
RESIDENCE	Herman Ida	RESIDENCE	Herman Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 7 (Born alive or stillborn) alive at 2.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Harris

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Springville

, 19

Filed 7/30 1915 [signature] Registrar

Registrar

S-Y CO., 16670

315-129-010-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S.S. No. 11-C-25m-1-1-18

County of Bonneville

City of Idaho Falls

31886

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2156

Registered No. 201

Hospital

FULL NAME OF CHILD Oscar F. Tandy Jr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar F. Tandy	FULL MAIDEN NAME	Pearl Scott
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Book-Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - July 29-1915 at 8 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Registrar

Filed 7/30 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1944

955-118-010-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31887

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. _____

Primary Registration District No. 2150 Registered No. 202

FULL NAME OF CHILD DUANE H. RENO

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July - 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Reno Jr.	FULL MAIDEN NAME	Eva Mokler.
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Illinois.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — July - 18 - 1915 at 3:00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed 7/30 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Boulder } ss.

Certificate No. 31887

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Duane H. Reno

Subscribed and sworn to before me this 11th
day of May, 1942
Deputy County Clerk
Notary Public, residing at Boulder
My commission expires XXXXXXXXXXXXX
(Seal)

Signed Mrs Evalyn Reno
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
299 Arapahoe St Boulder
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma }
County of Tulsa } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of May, 1942
Notary Public, residing at Tulsa Okla
My commission expires July 19, 1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 25 1942

284-126-010-259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Annon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31888

Primary Registration District No. 2150 Registered No. 203

FULL NAME OF CHILD Leland Stuetliff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas, I. Stuetliff	FULL MAIDEN NAME	Maynie Smith
RESIDENCE	Annon	RESIDENCE	Annon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Downey Idaho	BIRTHPLACE	Ionia Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 26 at 20 to 1 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ionia Boreville Co, Idaho

Filed 7/30 1910 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9-26-60
PLACE OF BIRTH
365-128-010-418

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Iona
No. ____ St.
Hospital ____

Registration District No. 73 File No. 31889
Primary Registration District No. 2150 Registered No. 204

FULL NAME OF CHILD Byard Fay Conrad
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	June 28, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Byard A. Conrad	FULL MAIDEN NAME	Ada E. Dayton
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Iona, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)
Address Iona, Bonneville Co., Idaho
Filed 7/30/1915 Wm. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 31889

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Byald Conrad (Name on Original Certificate) who born (Was Born or Died) on June 28, 1915 (Date of Event)

in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Byald Conrad	Byard Fay Conrad

Subscribed and sworn to before me this 8th day of September, 1960

[illegible]

Notary Public, residing at Idaho Falls Idaho

My commission expires 3-30-61

(Seal)

Signed X Ada Conrad [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rent #1 Idaho Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1960

[illegible]

Notary Public, residing at Idaho Falls Idaho

My commission expires 3-30-61

(Seal)

Signed X Nell Conrad, Grandmother

(Signature of Any Credible Person)

384 E 13th Street Idaho Falls Idaho

(Street Address, City, State)

FORM DH 60-155 CL 7-7-60. nm

L.D.S. Church Certificate of Baptism and Confirmation, Aug. 5, 1923 gives full name of child as Byard Fay Conrad, born June 28, 1915 at Iona, Idaho to B.A. Conrad and Ada Munsu - viewed by V.S.

L.D.S. Church Certificate of Ordination, December 4, 1927 as a Deacon, gives full name as Byard Fay Conrad, born June 27, 1915 at Iona, Idaho to Byard Conrad and Ada Dayton - viewed by V.S.

613-213-010-942

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31890

County of Bonneville

City of Pleasant view

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 205

Hospital

FULL NAME OF CHILD Bernetie May walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert walker	FULL MAIDEN NAME	Ann, Ocelia Robbins
RESIDENCE	Pleasant view	RESIDENCE	Pleasant view
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cedar C, utah	BIRTHPLACE	Benjamin utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 13 at 2 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstretion
(Physician or midwife)

Given names added from a supplemental report.

19

Address Iva Bonneville Co, Idaho

Filed 7/30 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-124-010-443

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 31892

Primary Registration District No. 2140 Registered No. 207

FULL NAME OF CHILD Masao Kabayashi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Kiyadalo Kobayashi	FULL MAIDEN NAME	Mulsn
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

1 Photostat copy 12/18/41

Given names added from a supplemental report

1 photostat copy made 3-26-43

..... 19.....

Address Ucon Bonneville Co. Idaho

Filed Aug 3 1915 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 18 1941

MAR 26 1943

DECEASED

719-216-004-363

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ..... St.

Hospital .....

STATE OF I[redacted]
BUREAU OF VITAL[redacted]
CERTIFICATE O[redacted]

Form V. S. No. 11—10m-2-15-12

Registration District No. 5-5

File No. 31893

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Birdie Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Lovon Gardner	FULL MAIDEN NAME	Essie Calder
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Vital

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Cooley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

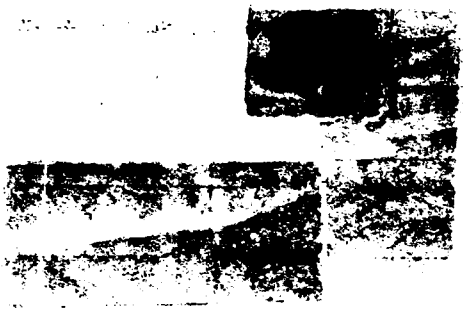
Address Paris

Filed Aug 2 1915 John Matthews

Registrar

Registrar

8-Y CO. 20175



APR 27 1955

242-106-004-695

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 54

File No. 31894

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Anderson	FULL MAIDEN NAME	Emma Lindley
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Fish Haven
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed ~~July~~ 2nd Aug 1915 John Matthews

Registrar

Registrar

R-Y CO. 20175

255-115-004-468

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 5-5- File No. 31895

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 15 1915

FATHER		MOTHER	
FULL NAME	Wm G. Reetch	FULL MAIDEN NAME	Theodora Dalrymple
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley M D

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 2 1915 John Mallon Registrar

S-Y CO. 20175

236-130-004-419

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31896

County of Bear Lake

City of Fish Haven

Registration District No. 5-5-

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Keith Martineau Stock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Wm Stock	FULL MAIDEN NAME	Amelia Martineau
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

MD (Physician or midwife)

Given names added from a supplemental report

19

Address Paris

Filed Aug 2 1915

John Mattson
Registrar

Registrar

S-Y CO. 20175

AUG 31 1965

893 - 101-001-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. Near Hillsdale School

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 31897

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Angus Franklin Hill Jr.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	✓	Yes	8 - 1 1915

FATHER		MOTHER	
FULL NAME	Angus Franklin Hill	FULL MAIDEN NAME	Clara Shock
RESIDENCE	6 Mi S E -	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Rancher Sheep-Man	OCCUPATION	At Home.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sutton M.D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/5 1915 O. L. Sutton Registrar

8-Y CO. 24695

OCT 3 D 1973

433-210-001-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31898

County of Ada

City of ~~Meridian~~

No. Kuna R#I St.

Registration District No. 11 File No.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Wilma Wyatt McCune

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	Mar 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. W. McCune	FULL MAIDEN NAME	Lola Carroll
RESIDENCE	Kuna R#I	RESIDENCE	Kuna R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian Ida

Registrar

Filed 7/12 1915 P. L. Sutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1942

295-227-001-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31899

County of Ada

City of Meridian

No. R# II St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Mary Louise King

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Webster L. King	FULL MAIDEN NAME	Cora L. King
RESIDENCE	— — — — — —	RESIDENCE	Meridian R# II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash —
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed 7/12 1915 C. L. Dutton

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1949

OCT 11 1974

185-120 [redacted]

001-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31900

County of Ada

City of Meridian Registration District No. 11 File No.

No. R# I St. Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD John Albert Ayers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	June 20 (Month) (Day) 191 5 (Year)

FATHER

FULL NAME Clarence H. Ayers

RESIDENCE Meridian R# I

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Clara M. Rolfskill

RESIDENCE Meridian Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/12 19 15 C. L. Sutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C [illegible]

[illegible]

[illegible]

[illegible]

City of [illegible]idian

No. 759-111-001-652 St.

Hospital ✓

Registration District No. 11

File No. 31901

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Jack Ronald Perry.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	6 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy Charles Perry	FULL MAIDEN NAME	Ada Blanche Webster
RESIDENCE	4 Mi N. 1 Mi east	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 28 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

[illegible] Meridian Idaho

[illegible] C. L. Sutton

Registrar

(4/18/1915)

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-206-035-258

[redacted] CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31902

[redacted] Twin Falls

City of Twin Falls

Registration District No. 75 File No.

No. St.

Primary Registration District No. 2152. Registered No.

Hospital

FULL NAME OF CHILD ROBERTA MYRTLE Tiffany

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	other	1	Yes	7 6 1915

FATHER		MOTHER	
FULL NAME	R. H. Tiffany	FULL MAIDEN NAME	Myrtle Snyder
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Seattle. Wash.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Gregg M. D.
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

19

Filed July 7 1915 H. H. Gregg
Registrar

8-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Los Angeles }

Certificate No. 31902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Tiffany (Name on Original Certificate) who was born (Was Born or Died) on July 8th, 1915 (Date of Event) in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roberta Myrtle Tiffany

Subscribed and sworn to before me this 12th day of Oct., 1942.

Eugene A. Bradbury

Notary Public, residing at Long Beach, Calif.

My commission expires Aug. 8- 1943.
(Seal)

Signed H. Tiffany
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

610 Pine Ave. Long Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

BUREAU OF VITAL STATISTICS
DEPT. OF HEALTH
MAR 30 196

759-231-035-993

PLACE OF BIRTH

County of Nez Perce

City of Cul De Sac

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31903

Registration District No. 75 File No. _____

Primary Registration District No. 2152 Registered No. _____

FULL NAME OF CHILD Perrin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	Other (To be answered only in event of plural births)	2nd	Yes	7 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Perrin	FULL MAIDEN NAME	Iva Richardson
RESIDENCE	Cul De Sac Ida	RESIDENCE	Cul De Sac. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Seattle. Wash	BIRTHPLACE	Julietta Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 0-15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gragg M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cul De Sac. Ida

Filed July 31 1915 H. N. Gragg Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-128-035-319

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31904

County of Nez Perce

City of Culdesac

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ervin S. Holbrook

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			3	yes	7 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noah W. Holbrook	FULL MAIDEN NAME	Bessie I Carmon
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Sulle Dr
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Holbrook at 3.20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed July 31 1915 H. M. Gregg Registrar

S-Y CO. 24656

Baby Book, appears old and unaltered, gives full name of child as Ervin S. Holbrook or and Ervin Silas Holbrook, born July 28, 1915 age 2 weeks when this was written in the Baby Book - viewed by V.S. and Notarized Photostat Copy of Page from Family Bible gives full name of child as Ervin Silas Holbrook, born July 28, 1915 at Culdesac, Idaho - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 31904

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Holbrook (Name on Original Certificate) who born (Was Born or Died) on July 28, 1915 (Date of Event) in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ervin S. Holbrook

Subscribed and sworn to before me this 9th day of May, 1960

[illegible signature]

Notary Public, residing at Orange

My commission expires December 8th 1963

(Seal)

Signed Bessie I. Holbrook

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 104 Orange Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [illegible signature]

(Signature of Any Credible Person)

Orange Wash

(Street Address, City, State)

FORM DPH 55.155 CL 3-23-60. nm

JUN 27 1960

155-116
001-217

[redacted]ACE OF [redacted]IRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31905

County of

City of

No. Saxton Sta St.

Hospital

Registration District No. 16th

File No.

Primary Registration District No. 206 D

Registered No.

FULL NAME OF CHILD Earl Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 16th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Jensen	FULL MAIDEN NAME	Alma Saxton
RESIDENCE	Saxton Sta.	RESIDENCE	Saxton Sta.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 00 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho

Filed July 16 1915 L. B. Harris
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
869-121-001-517
City of
No. Saxton Sta St.
Hospital

Registration District No. 16 ch
Primary Registration District No. 2009

File No. 31906
Registered No. 45

FULL NAME OF CHILD Marvin Ernest Hornback

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July 21st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar J. Hornback	FULL MAIDEN NAME	Lily May Saxton
RESIDENCE	Saxton Sta	RESIDENCE	Saxton Sta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th
Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed July 21 1915 L. B. Harris
Registrar

Registrar

S-Y CO. 24655

SEP 2 8 1942

JAN 1 0 1975

413-22
001-363

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31807

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 1008

Primary Registration District No. 1008

File No. .....

Registered No. 25

FULL NAME OF CHILD Juliemeita Isabell Mace

Sex of Child	Twin, Triplet or other?	and	Number in order of births	Legitimate?	Date of Birth
Female	/	/	/	yes	June 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Ben Mace	FULL MAIDEN NAME: Grace Collins
RESIDENCE: Eagle Idaho	RESIDENCE: Eagle Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Eagle on the date above stated. June 22 1915 at 3 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

June 25 — 1915

L. B. Harris
Registrar

Filed June 26 1915

M. L. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 29 1958

259-231
035-497

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31908

County of Nez-Perce

City of Melrose Idaho

Registration District No. 92 File No.

No. St.

Primary Registration District No. 2170 Registered No.

Hospital

FULL NAME OF CHILD LOIS GLENVA BERKSTRESSER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	July 31 1910

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Berkstresser	May Richardson
RESIDENCE	Lansing Idaho.	Melrose, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Nebraska	Washington
OCCUPATION	Farmer,	Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. at 10 20 a m

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed 8—2 1910 E. E. Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Klickitat } ss.

Certificate No. 31908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lois Glenva Berkstresser (Name on Original Certificate) who born (Was Born or Died) on July 31, 191. (Date of Event)
in Melrose Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date Unknown (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Glenva Berkstresser

Subscribed and sworn to before me this 30th
day of August, 1942
Glenn Albright
Notary Public, residing at Klickitat
My commission expires June 16, 1946
(Seal)

Signed Elvira Mae Berkstresser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Klickitat Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Klickitat } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of August, 1942
Glenn Albright
Notary Public, residing at Klickitat
My commission expires June 16, 1946
(Seal)

Signed E. A. Richardson
(Signature of Any Credible Person Other Than Previous Year)
Klickitat Wash.
(Street Address, City, State)

APR 6 1943

799-120-035-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 31909

Primary Registration District No. 2170 Registered No. 29

FULL NAME OF CHILD Adrian William

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Grim	Martina Goehmm
RESIDENCE	Gifford Ida.	Gifford Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	36
BIRTHPLACE	Texas	Austria
OCCUPATION	Farmer	Home-Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 7 45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M. D.

(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-2 1915 E. E. Watts Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PL[redacted] STATE OF IDAHO
[redacted]U OF VITAL STATISTICS

County of [redacted] CERTIFICATE OF BIRTH

City of _____ Registration District No. 63 File No. 31910

No. 993-219-029-419 St.

Primary Registration District No. 2143 Registered No. 77

Hospital _____

FULL NAME OF CHILD ALICE HAZEL RILEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Barney Riley	FULL MAIDEN NAME	Amelia Theresa Darr
RESIDENCE	near Kendrick Idaho	RESIDENCE	near Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	70	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ohio	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Kendrick Idaho

Filed Aug 4 1915 J. E. Hoyt Registrar

Registrar

S-Y CO. 20174

K

DEC 18 1941

713-228-029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31911

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 63 File No. .....

Primary Registration District No. 2143 Registered No. 76

FULL NAME OF CHILD Dorothy Rose Patterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Patterson	FULL MAIDEN NAME	Rose Kirk
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11,459 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed July 29 1915 J. E. Hoyt Registrar

S-Y CO. 24655

APR

PLACE OF BIRTH

245-215-029-853

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31912

PLACE OF BIRTH

County of Latah

City of Park

No. ..... St.

Hospital .....

Registration District No. 63 File No. .....

Primary Registration District No. 2143 Registered No. 75

FULL NAME OF CHILD Mildred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 15 15

FATHER		MOTHER	
FULL NAME	Sigwart A Sundby	FULL MAIDEN NAME	Josephine Hellerud
RESIDENCE	Park Ida	RESIDENCE	Park Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	N Dak	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D
(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 16 15 19.....

J E Hoyt Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1942

[redacted]

693-114
042-367

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

File No. 31913

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Clarence Abner Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Franklin Allen Wilson	FULL MAIDEN NAME	Ada Cox
RESIDENCE	Filer,	RESIDENCE	Filer,
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Haley. Ida.	BIRTHPLACE	Deweyville Utah.
OCCUPATION	Contractor	OCCUPATION	Housewife.

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Filer, Idaho.

Filed 8/1 1915 A. A. Newberry

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 2 1 1975

133-201-042-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 — File No. 31914

Primary Registration District No. 2086 — Registered No. ———

FULL NAME OF CHILD Lois Elend Allen,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	July 1 1915.

FATHER		MOTHER	
FULL NAME	George Frederick Allen	FULL MAIDEN NAME	Rosa Margaritha Sommer
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Muskegon, Mich.	BIRTHPLACE	Charles City, Iowa.
OCCUPATION	Salesman	OCCUPATION	Housewife.

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:25 A. M. on the date above stated.

(Signature) Frank A. Dwight, M.D.

(Physician or midwife)

Address Filer, Idaho.

Filed 8/6 1915 A A Newberry Registrar

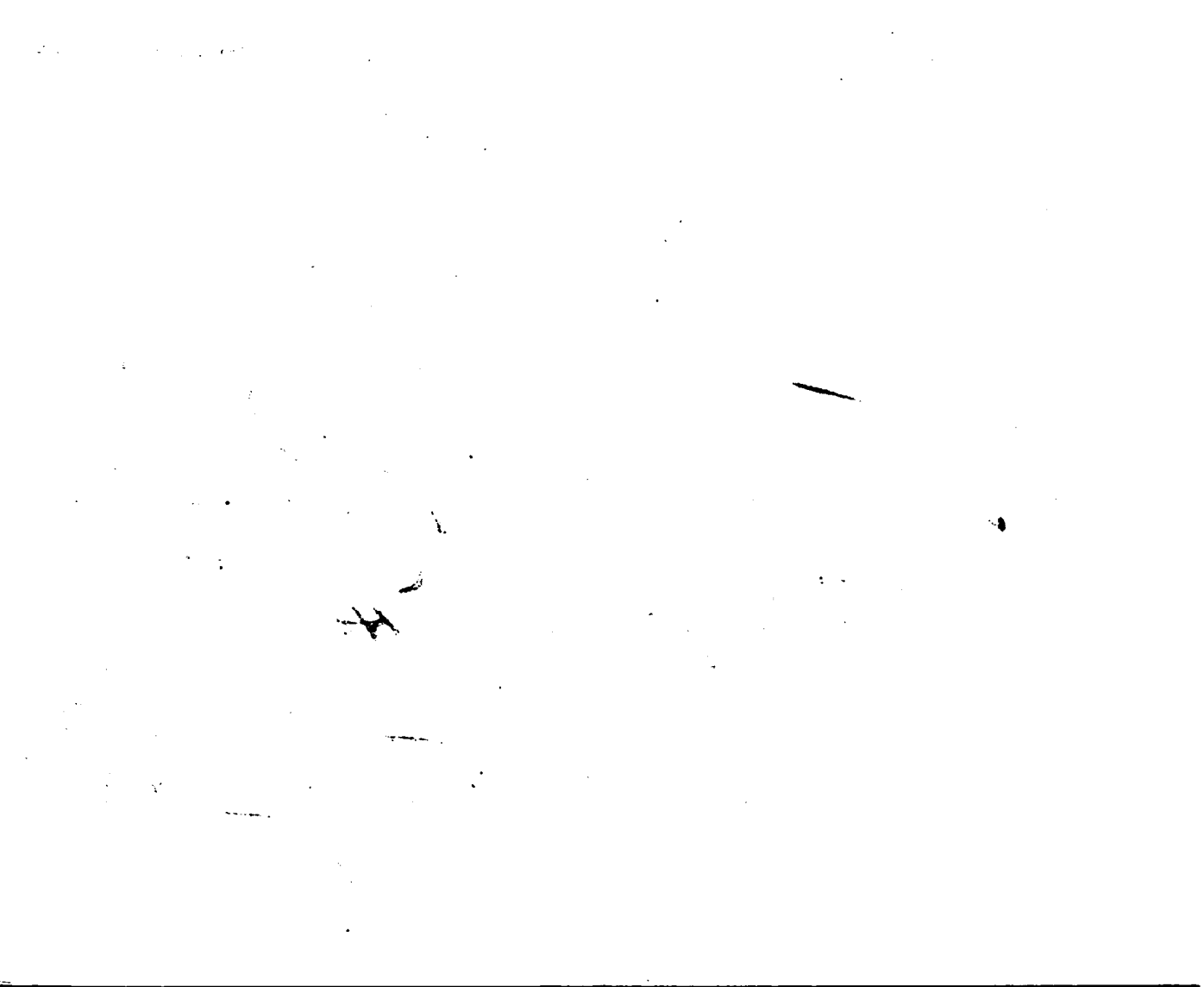
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



293-218-042-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer,

No. ——— St.

Hospital ———

Registration District No. 38 File No. 31915

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Vola Mae Kilpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 18 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	James Abial Kilpatrick	FULL MAIDEN NAME	Jessie Belle Cary
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa.	BIRTHPLACE	Kansas
OCCUPATION	Barber	OCCUPATION	Housewife.

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Filer, Ida.

Filed 8/6 1915 A A Newberry

Registrar

Registrar

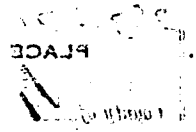
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 1942



645-108-042-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 31916

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eugene V. Odell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B.		Yes.	7 8 1915

FATHER		MOTHER	
FULL NAME	Geo Odell	FULL MAIDEN NAME	Eva Selton
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-6-1915 A A Newberry

Registrar

Registrar

5-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

JUL 3 1974

259-209-042-286

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31917

County of Twin Falls

City of Filer

Registration District No. 38 File No.

No. St.

Primary Registration District No. 2086 Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Seiber

Sex of Child G.	Twin Triplet or other? ( ) and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 7 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C E Seiber	FULL MAIDEN NAME	Bertha Shoemaker
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 3a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 1915 A A Newberry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1966

432-117-042-766

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38 File No. 31918

No. ..... St.

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Melvin McBride

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B.				Yes	7-17-15

FATHER		MOTHER	
FULL NAME	Calvin McBride	FULL MAIDEN NAME	Ruth Poole
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	So. Carolina
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 45 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

B-Y CO. 24688 Registrar

Filed July 19 15. A A Newberry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1957

256-248-042-398

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form H, S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31919

Registration District No. 78 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ~~Edith Jane~~ JUNE IRENE Snodgrly.

Sex of Child	Twin, Triplet or other?	If twin or triplet, state order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	June 18 1915

FATHER	MOTHER
FULL NAME: Henry Morton Snodgrly	FULL MAIDEN NAME: Laura Tryon
RESIDENCE: Grassy Hill Ida	RESIDENCE: Grassy Hill, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 52 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: Nine

Number of children of this mother now living, including present birth: Eight.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight, M.D.
(Physician or midwife)

Address Filer, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/1 19 15 A A Newberry
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of City of St. Louis }

Certificate No. 31919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith June Snoderly (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1915 (Date of Event)
in Filer, Twin Falls Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 20, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith June	June Irene Snoderly

Subscribed and sworn to before me this 6th day of July, 1942.

Phil. M. Finger
Notary Public, residing at St. Louis, Mo.

My commission expires March 2, 1946
(Seal)

Mother
Signed Mrs Laura Grace Snoderly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4326 Beck Ave. St. Louis, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of City of St. Louis }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1942.

Phil. M. Finger
Notary Public, residing at St. Louis, Mo.

My commission expires March 2, 1946
(Seal)

Signed Joseph F. Browns
(Signature of Any Credible Person Other Than Previous Year)

4326 Beck Ave
(Street Address, City, State)
St Louis Mo

JUL 10 1942

243-101-042-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38 File No. 31920

No. ——— St.

Primary Registration District No. 2086 Registered No.

Hospital ———

FULL NAME OF CHILD Leroy Winogene Buckman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy Buckman	FULL MAIDEN NAME	Edna Amelia Grace Thomas
RESIDENCE	Filer Ida	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report

Address Filer Ida

19

Filed 8/6 1915 A A Newberry

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-313239

236-103-042-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls.

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 31921

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Howard Dale Scovel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug. 3 1915

FATHER	MOTHER
FULL NAME Robert Lincoln Scovel	FULL MAIDEN NAME Floy Rachael Lark.
RESIDENCE Twin Falls County	RESIDENCE Twin Falls County.
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa.	COLOR White
OCCUPATION Farmer.	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE Iowa.
	OCCUPATION Housewife.

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8/6 19 15 A A Newberry

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 19

255-120-019-621

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31922

County of Custer

City of Mackay

No. ..... *St.*

Hospital .....

Registration District No. 76 **File No.** .....

Primary Registration District No. 2153 **Registered No.** .....

FULL NAME OF CHILD Jose Ezeakiel Bengochea

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	One	Yes	July (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Bengochea	FULL MAIDEN NAME	Patra Osa
RESIDENCE	Mackay	RESIDENCE	-Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Mackay Idaho

Filed July 25 1915 R. Marie Diers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

596-119-019-512.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31923

County of Custer

City of Mackay

Registration District No. 7 6 File No.

No. St.

Primary Registration District No. 2 1 5 3 Registered No.

Hospital

FULL NAME OF CHILD Robert Newton Erwin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	Three	yes	July 19 1915

FATHER	MOTHER
FULL NAME: F.I.Erwin	FULL MAIDEN NAME: Mablaetta Eastman
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years):	AGE AT LAST BIRTHDAY (Years): 28
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Retail lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth: three

Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell

(Physician or midwife)

Address Mackay Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed July 25 1915 R. Marie Rivers
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-115-019-157 Child's name & sex amended 4-27-90 MCM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Moore

No. ..... *St.*

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31924

Registration District No. 76 **File No.** .....

Primary Registration District No. 2153 **Registered No.** .....

FULL NAME OF CHILD MARIE CHARLOTTE LINDSKOG

Sex of Child FEMALE ~~Male~~	**Twin Triplet or other?** One (To be answered only in event of plural births)	**and**	**Number in order of birth** one	**Legitimate?** yes	**Date of Birth** July (Month) 15 (Day) 5 (Year)

FATHER

FULL NAME John Lindskog

RESIDENCE Moore

COLOR White **AGE AT LAST BIRTHDAY** 30 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Jeppsen

RESIDENCE Moore

COLOR White **AGE AT LAST BIRTHDAY** 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed July 20 1915 R. Marie Evans
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

9-27-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 10 1990

VITAL STATISTICS UNIT

State of IDAHO
County of LEMHI } ss.

Certificate No. 15-31924
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Baby Boy Lindskog (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 15, 1915 (Date of Event) in Moore (Custer) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Lindskog	Marie Charlotte Lindskog
Child's sex	Male	Female

Subscribed and sworn to before me this 6th day of APRIL, 19 90.
Notary Public, Laurie M. Wantee
Residing at SALMON, ID
My commission expires 6-19-1995
(Seal)

maiden name Lindskog
Marie C Bennett
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

LDS baptism certificate shows Marie Charlotte Lindskog born July 15, 1915 in Moore daughter of John S Lindskog & Annie K Jeppsen and baptized Sept 1, 1923 by Alfred L King. Viewed by VS.

ID marriage License shows Russell Edward Wheeler & Marie Lindskog age 17 as the bride were married Nov 28, 1932 in Salmon, ID. Viewed by VS.

WA birth certificate shows Jaunita Ellen Yeager born Jan 28, 1936 in Clarkston to Melvin Yeager and Marie C Lindskog and filed Feb 1, 1936. Viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

989-110-007
314

PLACE OF BIRT[redacted] STATE OF ID[redacted]
BUREAU OF VITAL STA[redacted]

[redacted]m-1-1-13

County of Bla[redacted]

CERTIFICATE OF BIRTH

City of Moore

Registration District No. 6

File No. 31925

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD IVAN MORTON PHILLIPS

Sex of Child: Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lee M. Phillips	FULL MAIDEN NAME	Ruby Camp
RESIDENCE	Moore Ida	RESIDENCE	Moore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason
(Physician or midwife)

Given names added from a supplemental report.

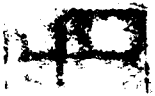
..... 19....

Address Mackay Ida

Filed July 15 1915 R. Marie Dixon
Registrar

Registrar

S-Y CO. 24655



MARGIN RESER

PLAINLY WITH UNFADING

In case of more than one child at birth, a SEP

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City moore
(c) Street Address or R.F.D. No. Anderson ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years (2 months) days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Salt Lake co.
(c) City Sandy
(d) Street Address or R.F.D. No. Post office
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state) moore Idaho

4. FULL NAME OF CHILD Ivan Morton Phillips

5. Date of Birth of Child (Month, day, year) July 10th 1915

6. Sex male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Morton Phillips
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Eureka Springs Ark (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Camp
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Sandy (City or town) Utah (State or foreign country)
20. Exact Occupation not employed
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~ Argerol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, ~~stillborn~~) at 9 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Levi (First name) Morton Phillips (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Dr. (First name) Mason (Last name), who attended this birth (Is now deceased) or (Cannot be located) deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Levi Morton Phillips Signature
721 Genesee ave Salt Lake city U. O. Address

Subscribed and sworn to before me this 29 day of August, 1942
(SEAL) Friedman Notary Public, residing at Salt Lake
(Note:- Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any~~ **birth** ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-212-014-755

PLACE OF BIRTH

[redacted]STICS

Form V. S. No. 11-C—Mm-1

31926

County of Canyon

City of Nampa

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 1006 Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Maher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Maher	FULL MAIDEN NAME	Mabel Pendleton
RESIDENCE	201 7th Ave. S.	RESIDENCE	201 7th Ave. S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:55 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Galbraith

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Nampa

Filed July 12 1915 Dr S D Colonge

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

942-111-001-165

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

31927

County of Ada

City of Kuna R.F.D.

Registration District No. 7 File No.

No. — St.

Primary Registration District No. 2006 Registered No.

Hospital —

FULL NAME OF CHILD George Gordon Russell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	July 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W Russell	FULL MAIDEN NAME	Ethel Jones
RESIDENCE	Cowper Prairie ~~Boise~~	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed July 20 1916 D V S D Calouge Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR

133-102-014-249

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF [redacted]

Form V. S. No. 11—25m-1-1-13

County of Canyon

CERTIFICATE O[redacted]

City of K. B. D. - Nampa

Registration District No. 7

31928

File No.

No. ~ St.

Primary Registration District No. 2006

Registered No.

Hospital ~

FULL NAME OF CHILD William Golden Allen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	X	X	Yes	July 2 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. G. Allen	Effie Smith
RESIDENCE	Nampa Ida	Nampa Ida
COLOR / AGE AT LAST BIRTHDAY	White / 40 (Years)	White / 30 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

Filed July 10 19 15 Dr. S. D. Calonge Registrar

Anna Hatfield Deputy

.....Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1942

249-128-014-768

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31920

County of Canyon

City of Nampa

No. Willard Rooms St.

Hospital X

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Premature – not name & died

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	July 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. F. Smith	FULL MAIDEN NAME	Emma Goyette
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Cook	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature 5½ months at 10¹⁵ a. M. on the date above stated. (Born alive or stillborn) Lived about twelve hours

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Filed Aug 2 1915 Dr S D Colonge
Registrar

Anna Hatfield Deputy.

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-231-001-447

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]

No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

31930

County of Ada

City of Nampa

No. R.F.D. No. 2 St.

Hospital

Registration District No. 7

Primary Registration District No. 2006

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X		X	yes	July 31 1913

FATHER

FULL NAME: Raymond Robinson

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Katie Engan

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumma M.D.
(Physician or midwife)

Address: Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 2 1913 Dr S D Calouge Registrar
Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

261-120-014-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V [redacted] -13

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. St.

Hospital —

Registration District No. 7 File No. 31931

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD George Anthony Swartz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	July 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. M. Swartz	FULL MAIDEN NAME	Mary Bly
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed July 30 1915 Dr S D Calouge
Registrar

Registrar

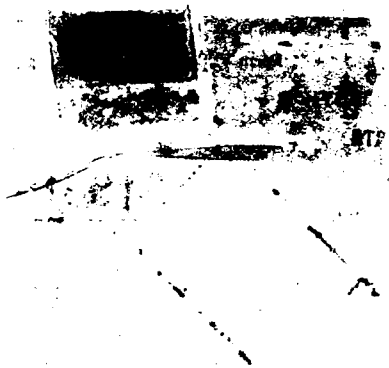
Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 31931

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 20, 15 (DATE OF EVENT)

in Nampa, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Omitted	George Anthony Swartz

Subscribed and sworn to before me this 20th day of July, 1942

[signature]

Notary Public, residing at Nampa, Ida.

My commission expires April 26th 1945

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1942

[signature]

Notary Public, residing at Nampa, Ida.

My commission expires 4-26-45

(SEAL)

Signed H. T. Hayes Sm.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Paul's Church, Nampa, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

855-108-014-815

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31932

County of Canyon

City of Nampa

No. R H 2 No 2 St.

Hospital X

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X Died

Sex of Child Boy | Twin Triplet or other? x | and Number in order of birth x (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 8 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME D. S. Henry	FULL MAIDEN NAME Bertha J Harris
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10½ a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Murray M. D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 10 19 15 D. S. D. Calouge Registrar
Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-208-014-847

Form V. S. No. 11—25m 1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. No 3 St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31933

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X Ethel Louise Feldtman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		^	Yes	July 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. E. Feldtman	FULL MAIDEN NAME	Alta Hughes
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed July 10 1915 Dr. B D Calonge
Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31933

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Ethel Louise Feldtman (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Typewritten Recording (Bible Record, Insurance Policy, Etc.) prepared on April 24 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Ethel Louise Feldtman

Subscribed and sworn to before me this 2nd day of May, 1962

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Dr. J. H. Murray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1962

Notary Public, residing at Boise, Idaho
My commission expires Feb. 7, 1966
(Seal)

Signed Ella C. Feldtman (Mother)
(Signature of Any Credible Person)

Hotel Washington, Weiser, Idaho
(Street Address, City, State)

FORM DH 60-155

Own child birth certificate, On file Idaho, File #53-9323, gives name of mother as Ethel Louise Feldtman. Child born August 31, 1953. Viewed by V. S.

Certificate of Marriage, Issued by State of Oregon, County of Malheur, gives name of Bride as Ethel Louise Feldtman and name of Groom as Joseph Howard Marchek. Married January 27, 1936. Viewed by V. S.

AUG 21 1963

365-209-0 4-363

Form V. S. No. 11—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31934

County of Canyon

City of Nampa

No. Lake View Terrace St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital X

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	July (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Lounsbury	FULL MAIDEN NAME	Hattie Collins
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rail Road service	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Nampa Idaho

Filed July 10 1915 Dr. B D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

-687-224-014-791

Amended 10-12-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 31935
Local Reg. No.
Reg. Dist. No. 7

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Catherine

b. (Middle): May

c. (Last): White

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 24, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Paul

b. (Middle):

c. (Last): White

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Neb.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary

b. (Middle):

c. (Last): Grass

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. P. Ross

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nampa, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 28, 1915

22. REGISTRAR'S SIGNATURE: Dr. S.D. Calonge by Anna Hatfield, Deputy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

...t in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 31935

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Katherine May White (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own child's birth cert. #261081, viewed by V,S. prepared on 11-11-37 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Katherine May White	Catherine May White

Subscribed and sworn to before me this 10th day of October, 1960

Notary Public, residing at Weiser, Idaho
My commission expires 4-1-63
(Seal)

Signed Catherine May Sloma
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
formerly Catherine May White
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of ELMORE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June 1963

Notary Public, residing at Glenns Ferry, Idaho
My commission expires Feb. 14, 1964
(Seal)

Signed Paul H. White
(Signature of Any Credible Person)

Glenns Ferry, Idaho
(Street Address, City, State)

FORM DPH 55.155

L.D.S. Church Cert. of Baptism and Confirmation, June 11, 1950 gives full name as Catherine Mae Irons, daughter of Paul H. White and Mary Catherine Grass, born July 24, 1915 at Nampa, Idaho - viewed by V.S.

State of Idaho, County of Elmore, Marriage Certificate, married June 19, 1934 gives full name of groom as Frank G. Irons and full name of bride as Catherine M. White - married Mountain Home, Idaho - viewed by V.S.

818-220-014-799

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31936

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

Died

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	Yes	July 20 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J C Haydock	FULL MAIDEN NAME	Lottie Grimes
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N C	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician (Physician or midwife)

Given names added from a supplemental report.

Aug 2 1916

Address Nampa Ida

Filed July 28 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-105-006-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

$1937

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 104

Hospital .....

FULL NAME OF CHILD Norman Wayne Mc Cauley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
male	—	—	yes	July 5 - 5

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nelson Mc Cauley	FULL MAIDEN NAME	Mary Cassidy
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ohio
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed July 5 19 15 McMackinnon

Registrar

..... Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

719-112-006-319

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

31938

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 103

FULL NAME OF CHILD ROBERT ALVIN Partner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 12 1913

FATHER		MOTHER	
FULL NAME	Alvin Partner	FULL MAIDEN NAME	Nettie Larmore
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson MD

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 12 1913 Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 31938
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvin A A Partner (Name on original certificate) who Born (Was born or died) on July 12 1915 (Date of event)
in Aberdeen Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Alvin A. A. Partner	Robert A. Partner
		Robert Alvin Partner

Subscribed and sworn to before me this 18th
day of December, 1941 19

J. A. Ingate
Notary Public, residing at Aberdeen, Idaho
My commission expires Oct. 7, 1945
[SEAL]

Signed Alvin A Partner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Aberdeen Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

369-214-006-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31939

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 106

FULL NAME OF CHILD Marguerite Berenice Corbridge

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Nephi Corbridge	FULL MAIDEN NAME	Sarah Earl ~~Corbridge~~ Claypool
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed July 14 1915 McMacKinnon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

AUG 2 0 1957

386-114-006-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31940

County of Bingham

City of ~~Aberdeen~~ Sterling

Registration District No. 116 File No. 3

No. St.

Primary Registration District No. 2195 Registered No. 107

Hospital Marvin

FULL NAME OF CHILD Norman Wayne Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marvin Clifford Thompson	FULL MAIDEN NAME	Bertha Mae Satterfield
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD.

(Physician or midwife)

Address Aberdeen Ida

Filed July 16 1915 McMacKinnon Registrar

Given names added from a supplemental report

19

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 1 1954

254-215-006-362

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31941

County of Bingham

City of ~~Aberdeen~~ Springfield

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 108

Hospital .....

FULL NAME OF CHILD WREATHA LEOLA BEDWELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-		-	Yes	July 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Bedwell	FULL MAIDEN NAME	Bessie Cobb
RESIDENCE	~~At~~ Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed July 15 1915 M. C. Mackinnon

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 31941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for unnamed at time of birth (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on July 16 1915 (DATE OF EVENT)
in Springfield, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Bedwell	Wreatha Leola Bedwell

Subscribed and sworn to before me this 14
day of Jan., 1942
D. E. Blackburn
Notary Public, residing at Springfield, Idaho
My commission expires Sept. 1-1942
(SEAL)

Signed — Mrs. Robert Bedwell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of Jan., 1942
D. E. Blackburn
Notary Public, residing at Springfield, Idaho
My commission expires Sept. 1, 1942
(SEAL)

Signed Hugh N. Wells
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

1947

236-124-006-317

Amended 3/2/79

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31942

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 109

FULL NAME OF CHILD Lloyd P. Stone

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Phillip Stone	FULL MAIDEN NAME	Alice Tapp
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed July 25 19 15 [illegible]

Registrar

Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 31942
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Stone (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 24, 1915 (Date of Event)

in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Lloyd Phillip Stone

Subscribed and sworn to before me this 29th day of January 1979

Notary Public, Shirley W Cornwall
Residing at Murray Utah
My commission expires 1-13-83
(Seal)

Phillip
Lloyd P Stone
Signature of Applicant
12947 So 13 E Draper Utah
Street Address, City, State 84020

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1979

Notary Public, Shirley W Cornwall
Residing at Murray
My commission expires 1-13-83
(Seal)

Pearl Stone Ohlwiler
Supporting Signature
230 E. 4500 So Murray Utah
Street Address, City, State
84107

1-17-79

Certif of Blessing from the LDS Church gives name as Lloyd Philip Stone son of David P. Stone and Alice Tapp. born July 24, 1915 at Aberdeen, Idaho. Blessedd Sept 5 1915. viewed by V. S.

MAR 2 1979

Application to Metropolitian Life Ins. Co gives name as Lloyd P. Stone. born July 24 1915. dated June 24 1931. viewed by V. S.

619-206
042-893

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31944

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Bernice Hazel Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W C Warner	FULL MAIDEN NAME	Rosa Hickox
RESIDENCE	5W-4N. Buhl	RESIDENCE	5W-4N. Buhl
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rosa, Neb	BIRTHPLACE	Agallala Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 7-10 1915 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]
OCT 4 1966

293-211
04D-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39

Primary Registration District No. 2081

File No. 31945

Registered No. _____

FULL NAME OF CHILD Muriel Margaret Bickelhaupt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	June (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Bickelhaupt	FULL MAIDEN NAME	Flavia Fabrie
RESIDENCE	18 Buhl	RESIDENCE	18 Buhl
COLOR	W. AGE AT LAST BIRTHDAY 53 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Medical Lake, Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 7-10 1915

J. F. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of TwinFalls }

Certificate No. 21945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bickelhaupt (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) ~~are incorrect~~ or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 11, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bickelhaupt	Muriel Margaret Bickelhaupt

Subscribed and sworn to before me this 6th day of June, 19 45

Notary Public, residing at Buhl, Idaho

My commission expires 10-10-46

(Seal)

Signed Gladys S. Bickelhaupt mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. R. 2, Buhl, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 45

Notary Public, residing at Buhl, Idaho

My commission expires 10-10-46

(Seal)

Signed Gladys Bickelhaupt

(Signature of Any Credible Person)

R. R. 2, Buhl, Idaho

(Street Address, City, State)

JUN 14 1945

415-120-042-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31946

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Samuel Wesley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W C Daniel	FULL MAIDEN NAME	Lillie Barker
RESIDENCE	3 N. 2 E Buhl #4	RESIDENCE	3 N. 2 E Buhl, #4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Indian Oxy Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Idaho

Filed 7-10 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 3 1976

381-104-042-231

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 31947

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD D. Stanton Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	July 9 (Month) (Day) 191[illegible] (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George D. Chamberlain	Sevie C. Stanton
RESIDENCE	Buhl	Buhl
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 39	white / 33
BIRTHPLACE	Cal	Nebraska
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 [illegible] M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellheiser

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-10 1915 J. H. Murfley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1948

DEC 1

349-204-042-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 34 **File No.** 31948

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Marla Mae Turner

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of Birth** 7 (Month) 4 (Day) 1915 (Year)

	FATHER		**MOTHER**
FULL NAME	Carl Henry Turner.	**FULL MAIDEN NAME**	Lila Floy Ward.
RESIDENCE	Buhl.	**RESIDENCE**	same.
COLOR	W **AGE AT LAST BIRTHDAY** 43 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 30 (Years)
BIRTHPLACE	Cal.	**BIRTHPLACE**	Wis.
OCCUPATION	Carpenter.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 2 **Number of children of this mother now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy.
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl. Ida

Filed 7-12 1915 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1944

04-02-11 22

413 – 208-042-595

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

31949

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marion May MacDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	7 – 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. MacDonald.	Minnie Ring.
RESIDENCE	A.W. Buhl.	Iowa
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	U. S.	Iowa.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-12 1915 J. T. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-102-042-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31950

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD GLENN Derwood SNODE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	7 (Month) 10 (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. A. Snode	Hazel Kasten
RESIDENCE	R.F.D. Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY	27 (Years)	18 (Years)
BIRTHPLACE	Ohio.	Wis.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. N. Murphy M. D.
(Physician or midwife)

Address Buhl Idaho

Filed 7-12 1915 J. N. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1970

FEB 1 1 1943

STATE OF OREGON)
) ss:
County of Multnomah)

AFFIDAVITS FOR CORRECTION OF A RECORD

(1) Hazel Dorothy Milinkovich of 1129 S.W. 20th, Portland, Oregon

being duly sworn, deposes and says that she is the mother of

Glenn Derwood Snode who was born July 10, 1915

in the City of Castleford County of , Idaho

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Child's first given name "Glynn"
Mother's surname "Kosten"

That affiant upon her own knowledge states that the true facts to be, and the changes necessary to make the record correct are, as follows:

Child's first given name "Glenn"

Mother's surname "Kasten"

(1) Hazel Dorothy Milinkovich
1129 SW 20th, Portland, Oregon

Sworn to and subscribed before me this 8th day of February, 1943

[illegible]
Notary Public for Oregon
My commission expires April 8,

445-110-042-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 31951

Primary Registration District No. 2077 Registered No. .....

FULL NAME OF CHILD Willis Elmo Dunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	7 10 1915

FATHER		MOTHER	
FULL NAME	Oliver Lee Dunn	FULL MAIDEN NAME	Laurma Ozella Lowe
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Georgetown Ida	BIRTHPLACE	Seattle Wash
OCCUPATION	Sakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Buhl Ida

Filed 7-20 1915 J. H. Murphy
Registrar

S-Y CO. 24685

459-116-042-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31952

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD George Edward Merritt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	7 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas H Merritt	FULL MAIDEN NAME	Francis Helen Polson
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Barnsville Ohio	BIRTHPLACE	Chatham Ont
OCCUPATION	Gen Mdse Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 7-20 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1942

453-117-042-912

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31953

Registration District No. 34 File No. ____

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 17 1913

FATHER		MOTHER	
FULL NAME	Lyman Meecham	FULL MAIDEN NAME	Clara Belle Kaiser
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltheer

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 7-20 1915 J. F. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-118-042-389

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31954

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Vera Fairchilds.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	7-18 (Month) (Day) 1910 (Year)

FATHER		MOTHER	
FULL NAME	E. Fairchilds.	FULL MAIDEN NAME	Carrie Christwell
RESIDENCE	5 N. Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy. M. D.

(Physician or midwife)

Address Buhl Ida

Filed 7-22 1910 J. H. Murphy Registrar

Given names added from a supplemental report. ..... 19.....

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-120-042-565

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31956

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD William Custer Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	7-20-1915

FATHER		MOTHER	
FULL NAME	J. C. Thompson.	FULL MAIDEN NAME	Cora Morris
RESIDENCE	Buhl.	RESIDENCE	same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24.
BIRTHPLACE	Ky.	COLOR	W.
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	20.
		BIRTHPLACE	Ky.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy

M. D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

Filed 7-22 1915 J. N. Murphy Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-123-042-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31957

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Dwight Wilfred Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Burke	FULL MAIDEN NAME	Lula Edna Castile
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuber

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 7-30 1915 J. T. Murphy Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-223-[illegible]

PLACE OF BIRTH

County of Ford

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Files

Registration District No. 39

File No. 31958

No. _____ St.

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD Elizabeth Crum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl L. Crum	FULL MAIDEN NAME	Anna F. Graybill
RESIDENCE	Files	RESIDENCE	Files
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	School teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuber

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bank Idaho

Filed 7-10 1915

J. H. Murphy
Registrar

_____
Registrar

S-Y CO. 24655

Form V. S. No. 11-C—20m-1-1-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]-223-042-791

AUG 10 1960

County of [illegible]

791-124-042-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 31959

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Kenneth Cecil Prather

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. H. Prather	FULL MAIDEN NAME	Gladys E. Brown
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Col.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 7-30 1915 J. T. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

744-133-042-284

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31960

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD GOLDWYN JACK GUMM

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 25rd 191

FATHER	MOTHER
FULL NAME Ernest L. Gumm	FULL MAIDEN NAME Lenora Shuey
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb.
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhausen

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-30 1915 J. W. Murphy Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 31960

County of Santa Cruz } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Goldwyn Jack Gumm (Unnamed) (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1915 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Goldwyn Jack Gumm
Date	July 29th	July 23, 1915

Subscribed and sworn to before me this 8th day of July, 1942

Antoinette Bilirich

Notary Public, residing at Watsonville, Calif.

My commission expires Dec. 4, 1944

(Seal)

Signed Mrs Roy Gumm (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grant's Court, Watsonville, California

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Santa Cruz }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 8th day of July, 1942

Antoinette Bilirich

Notary Public, residing at Watsonville, Calif.

My commission expires Dec. 4, 1944

(Seal)

Signed Fannie E Collins

(Signature of Any Credible Person Other Than Previous Year)

161A Wall St., Watsonville, Calif.

(Street Address, City, State)

JUL 13 1942

JUL 15

945-230-042-966

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 31961

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Elizabeth Runyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Parker Runyon	FULL MAIDEN NAME	Lena Blanch Rood
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	New Brunswick N. J	BIRTHPLACE	Shickshinny Pa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1015 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 7-31 1915 J. L. Measley Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1943

JUL 1 1 1944

255-131-042-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 31962

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Harold Gilgan Senften

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry R Senften	FULL MAIDEN NAME	Ruth Smithwick
RESIDENCE	7S-4W Buhl	RESIDENCE	7S-4W. Buhl
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Clairmont Ill	BIRTHPLACE	Amity Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 7-31 1915

J. F. Murphy
Registrar

Registrar

S-Y CO. 24658

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPARTMENT OF PUBLIC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]IRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31963

County of [redacted]h

City of Viola

785-231-029-289

No. ....., ... St.

Registration District No. 61

File No. .....

Primary Registration District No. 241

Registered No. 87

Hospital .....

FULL NAME OF CHILD Zella Naomi Gyes

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		Yes	July (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Martin Gyes	FULL MAIDEN NAME	Winnie Ada Shields
RESIDENCE	Viola Ida	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Brushville Wisconsin	BIRTHPLACE	Minnewaukon N. Dak.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Orpha Garvin

Nurse (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Viola

Filed Aug 3 19.....

D F Rae

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

County of [illegible]

City of Viola

CERTIFICATE OF BIRTH

31964

Registration District No. 61

File No.

No. ____, ____ St.

Primary Registration District No. 2141

Registered No. 86

Hospital

FULL NAME OF CHILD Shirley Maxine Byers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female			Yes	July	31	1916

FATHER		MOTHER	
FULL NAME	John Byers	FULL MAIDEN NAME	Fannie May Cuthbert
RESIDENCE	Viola Ida	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Viola Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:45 M. on the date above stated.

(Signature) Mrs. Orpha Garvin

(Physician or Midwife)

Address Moscow

Filed Aug 3 19 15. D. F. Parr

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

389-117-029-754

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31965

County of Latah

City of Near Moscow

Registration District No. 61

File No.

No. St.

Primary Registration District No. 2141

Registered No. 98

Hospital

FULL NAME OF CHILD DOYLE FRANK CHRISTENSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Christenson	FULL MAIDEN NAME	Carrie Gemmeke
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	H. W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Moscow Idaho

Filed July 20 1915 D F Rai

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 31965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Doyle Frank Christenson (Name on Original Certificate) who was born (Was Born or Died) on July 17 1915 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Doyle Frank Christenson

Subscribed and sworn to before me this 2
day of May, 19 42
Marion J Mickey
Notary Public, residing at Moscow Idaho
My commission expires Feb 4-1944
(Seal)

Signed Frank Christenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible] Styner Ave Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 4 1942

MAY

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR.
NOT TO THE STATE BOARD OF HEALTH.

259-110-029-395

PLACE OF BIRTH

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 31[redacted]

File No.

Registered No. 96

County of Latah

City or Town of

Registration Dist. No. 6/2141 (No. ....., James Clark Kerns St.; ..... Ward)

Primary

FULL NAME OF CHILD ~~Unnamed~~ James Clark Kerns

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
Full Name	Robert Kerns	Full Maiden Name	Cora Livingston
Residence	Idaho Latah Co Garfield Wash RFD 1	Residence	Neare Garfield Wash RFD #1
Color	White	Color	White
Age at last Birthday	26 (Years)	Age at last Birthday	25 (Years)
Birthplace (State or Country)	Washington	Birthplace (State or Country)	
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 4

Number of children, this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { *born alive* / ~~*stillborn*~~ } † *and that it occurred on* July 10 1915, *at* 8 P *M.*

(Signature) P E Wiesel

(Physician or ~~Midwife~~)

Address Garfield Wash

Filed July 15, 1915 F Ran

Registrar.

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report

Registrar.

† Indicate which by drawing line through superfluous word.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

Dep. 942

AUG 28

OCT 25 1963

415-119-029-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 31967

Primary Registration District No. 1011 Registered No. 92

FULL NAME OF CHILD Cecil Leroy Mansfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Mansfield	Ida Benton
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Minn	
OCCUPATION	Laborer	Home Work

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed aug 3 19 13 D. F. Rae Registrar

B-Y CO. 20174

249-211-029-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow Idaho

Registration District No. 61

File No. 31968

No. 318 S. Jefferson St

Primary Registration District No. 1011

Registered No. 93

Hospital Moscow Collage

FULL NAME OF CHILD Elenor Nevada Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Everett Smith	FULL MAIDEN NAME	Alice Lucile Genesy
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pawtucket R. I.	BIRTHPLACE	Virginia City Nevada
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed July 15 1915 D. P. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1945

636-126-029-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital Gritman's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31969

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 90

FULL NAME OF CHILD Paul James O'Connor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George O'Conner	FULL MAIDEN NAME	Zelma Filiatreault
RESIDENCE	Moscow	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.
C.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Aug 1 1915 D F Rae

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1956

253-125-029-331

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31970

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital Gritman

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 91

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 25 1915

FATHER

FULL NAME: Walter Kelly

RESIDENCE: Calgary, Can.

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Oakley, Wis.

OCCUPATION: Architect

MOTHER

FULL MAIDEN NAME: Blanche Clarke

RESIDENCE: Calgary, Can.

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:4: M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woods, M.D.

C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho.

Filed Aug 3 1915 D. F. Kae

Registrar

S-Y CO. 24698

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

693-125-029-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So Main St.

Hospital Gritman's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31971

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 89

FULL NAME OF CHILD Donald Marshall Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Wilson	FULL MAIDEN NAME	Lydia Lahtinen
RESIDENCE	Pottatch, Idaho	RESIDENCE	Pottatch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Finland
OCCUPATION	Trasf. Mgr. Pottatch Lumb Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:00 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dodd, M.D.
C.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Aug 1 19.... D. H. Rae
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

DEC 20 1944

Amended Feb. 8, 1952

PLACE OF BIRTH

215 - 219 - 029 - 285

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Registration District No. 61 File No. 31972

Hospital ____ Primary Registration District No. 1011 Registered No. 88

FULL NAME OF CHILD BERTHA LOUISE BARTON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		yes	JULY 19, 1915

What bacterieidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Earl S. Barton	FULL MAIDEN NAME: Beth Augusta Sherwin
RESIDENCE	Moscow, Idaho	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	Moscow, Idaho	Lewiston, Idaho
OCCUPATION	Salesman	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Joseph Aspray

Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Aug. 3 1925 D.F.Ray
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 31972

Date Filed Aug. 3, 1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bertha Louisa Barton (Name on Original Certificate) who was born (Was Born or Died) on 7-19-15 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on 5-26-33 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bertha Louisa Barton	Bertha Louise Barton

Subscribed and sworn to before me this 19th day of January, 1937.

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 6-15-53
(Seal)

Signed Earl H. Barton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January, 1937.

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 6-15-53
(Seal)

Signed Beth S. Barton
(Signature of Any Credible Person)

963 W. Galloway Wkeser, Ida
(Street Address, City, State)

FORM DPH - 51117

614-206-029-789

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 31973

Primary Registration District No. 1011 Registered No. 95

FULL NAME OF CHILD Helen Marie

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	July (Month) 6th (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jerry E. Wadsedalek	FULL MAIDEN NAME	Hazel Mae Phillips
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tewaunee, Wis.	BIRTHPLACE	Big Springs, Wis.
OCCUPATION	Prof. U. of I.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Irwin M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow, Idaho.

Filed July 19 15

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

418-118-029-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31974

County of Latah

City of Moscow

No. 224 E. 7th *St.*

Hospital

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 97

FULL NAME OF CHILD Richard Burtnell Dahlquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. Dahlquist	FULL MAIDEN NAME	Jennie McKeown
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Barry, Canada.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth third

Number of children of this mother now living, including present birth third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gorman

C.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho.

Filed July 10 1915 S. F. Rae

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

713-103-029-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. 315 N. Washington St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 31975

Primary Registration District No. 1011 Registered No. 94

FULL NAME OF CHILD Arthur C. Patterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur C. Patterson	FULL MAIDEN NAME	Mary B. McDonald
RESIDENCE	315 N. Washington St	RESIDENCE	315 N. Washington St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Harrison Co Ohio	BIRTHPLACE	North Lancaster Ont. Canada
OCCUPATION	Railway Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-48 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch MD

(Physician or midwife)

Address Moscow Idaho

Filed July 10 1915 D F Rae

Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1952

365-207
035-433

PLACE O[redacted]

[redacted]

Form V. S. No. 11-C—20m-2-15-12

County of Idaho

City of —

No. ..... M.

Hospital .....

Registration District No. 103 File No. 31976

Primary Registration District No. 2181 Registered No. 48

FULL NAME OF CHILD Edna Alois Cone

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Fred Cone	FULL MAIDEN NAME	Alta Evangeline McCarthy
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 3/4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Aug 3 1915 G. S. Stickton

Registrar

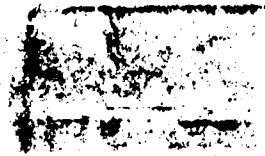
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—20m-2-15-12

STICS

31977

County of Idaho

City of Mt Idaho

No. 818-128-025-493 St.

Hospital

Registration District No. 103

File No.

Primary Registration District No. 2181

Registered No. 47

FULL NAME OF CHILD NATHANIEL WILSON HAYES

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	7th	yes	July 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel S. Hayes	FULL MAIDEN NAME	Mary Jane Michaud
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white — AGE AT LAST BIRTHDAY 45 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Rene Olive (Born alive or stillborn) at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Slusser M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Grangeville Ida

Filed Aug 3 1915 G S Stockton

Registrar

Registrar

S-Y CO. 20174

Certified copy issued 12-19-1940 D.P.

515-124-025-344

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31978

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 46

FULL NAME OF CHILD Donald Tumy Van Osdol VAN OSDOL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	yes	July 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Edwin Van Osdol VAN OSDOL	FULL MAIDEN NAME	Carolyn Grace Tumy TUMY
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Garage Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. SLUSSER C. W. Slusser M. D.

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Aug 3 1915 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-117-025-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31979

Primary Registration District No. 1001 Registered No. 45

FULL NAME OF CHILD Ralph ~~Burton~~ BERTRAM Brown BROWN

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	2nd	yes	July (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester A. Brown BROWN	FULL MAIDEN NAME	Elba C. Harrah
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Aug 2 1915 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King }

Certificate No. 31979

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ralph Burton	Ralph Bertram

Subscribed and sworn to before me this 18
day of August, 1942

Bertha M Hoehle
Notary Public, residing at Kirkland

My commission expires Feb 27, 1945. (Seal)

Signed Ellna C. Brown (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wash Kirkland Wash Rt 2 Box 321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires (Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 20 1942

493-225-025-986

PLACE OF BIRTH

County of Idaho

City of Denver

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

31980

Registration District No. 103 File No. .....

Primary Registration District No. 2781 Registered No. 44

FULL NAME OF CHILD Dorothy E. Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman H Miller	Eric V Rhoades
RESIDENCE	Denver Ida	Denver Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	37
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Blackburn

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed July 31 1915 G S Blackburn
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 31980

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorothy E. Miller (no name on Original) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1915 (Date of Event)

in Denver, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Dorothy E. Miller

Subscribed and sworn to before me this 28 day of March, 1942

Ruddie Harris

Notary Public, residing at RUDDIE HARRIS, NOTARY PUBLIC In and for the County of Los Angeles, State of California

My commission expires My Commission Expires Dec. 20, 1944 (Seal)

Signed X Mrs Eric R. Miller (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1702 North Beverly Drive

Beverly Hills, California (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1942

[illegible]

Notary Public, residing at 309 S. San Pedro

My commission expires Feb. 16th, 1946 (Seal)

Signed George P. Lasoury (Signature of Any Credible Person Other Than Previous Year)

336 South San Pedro Street

Los Angeles, California (Street Address, City, State)

MAY - 8 1942

766-228-025-284

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31981

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 43

Hospital

FULL NAME OF CHILD MARJORIE EVELYN POWELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	July 28 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John A Powell	FULL MAIDEN NAME	Jessie M Squibbs
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 1915 G S Stricklin

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 31981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for - - - - POWELL (Name on Original Certificate) who was born (Was Born or Died) on July 28 - 1915 (Date of Event) in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School records, family records (Bible Record, Insurance Policy, Etc.) prepared on various dates in all years in 1915 to 1942 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Marjorie Evelyn Powell

Subscribed and sworn to before me this 24th day of [illegible], 1942

Notary Public, residing at Grangeville, Idaho

My commission expires March 12 1942
(Seal)

Signed Jessie M. Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

116 E South 2nd St. Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1942

Notary Public, residing at Grangeville, Idaho

My commission expires March 12 - 1942
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

514 S. State St. Grangeville, Idaho
(Street Address, City, State)

MAR 7 1982

168-125-025-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31982

Primary Registration District No. 1001 Registered No. 42

FULL NAME OF CHILD Carl Alfred Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl A Johnson	Margaret C Turnbull
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	30
BIRTHPLACE	Sweden	Idaho
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 19 15 G S Stockton

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/17/41. w.h.

APR 22 1976

396-121-025-437

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31983

County of Idaho

City of Grangeville — Registration District No. 103 — File No.

No. ____ St. — Primary Registration District No. 2181 — Registered No. 41

Hospital — FULL NAME OF CHILD Garth Maurice Cross

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	July 21 1915

FATHER

FULL NAME: Fred Cross
RESIDENCE: Grangeville
COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Iowa
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Helen M McGrew
RESIDENCE: Grangeville
COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: South Dakota
OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5-35 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida.

Given names added from a supplemental report

....., 19.....

Filed July 31 1915 G S Stockton

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1967

4553-112-025-399

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31984

Primary Registration District No. 1001 Registered No. 40

FULL NAME OF CHILD Donald Alexander Melkus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 12 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester G Melkus	FULL MAIDEN NAME	Ethel M Criddlebaugh
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 19 15 G S Stockton

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1963

MAR 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-210-025-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 31985

Primary Registration District No. 2181 Registered No. 39

FULL NAME OF CHILD Lenora May Earp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Bluford C. Earp	FULL MAIDEN NAME	Nellie Browning
RESIDENCE	Near Mount Idaho	RESIDENCE	Near Mount Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Misouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E Hindman

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mount Idaho

Filed July 31 1915 G B Stockton Registrar

..... Registrar

S-Y CO. 20174

STATE
BUREAU OF

PLACE OF BIRTH

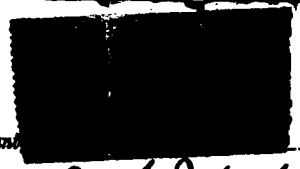
10-13-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]



Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Count[redacted]

City of Mt Idaho

No. 249-202-025-719 St.

Registration District No. 103 File No. 31986

Primary Registration District No. 2181 Registered No. 38

Hospital

FULL NAME OF CHILD Alma Eveline Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	July 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard T. Smith	FULL MAIDEN NAME	Daisy D. Parks
RESIDENCE	Mount Idaho	RESIDENCE	Mount Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Las Imales Co Colorado	BIRTHPLACE	La Veta Colorado
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 2nd at 9 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Hindman
midwife
(Physician or midwife)

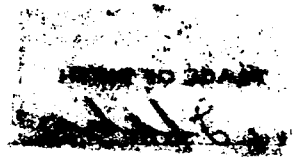
Given names added from a supplemental report

..... 19.....

Address Mount Idaho, Idaho

Filed July 8th 1915 G S Stockton
Registrar

S-Y CO. 20174



JUL 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

819-225-028-766

No. ..... St.

Registration District No. 12

File No. 31987

Primary Registration District No. 2051

Registered No. 810

Hospital .....

FULL NAME OF CHILD Baby Harding June Rose Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		Yes	June 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Harding	FULL MAIDEN NAME	Brownie Goodfellow
RESIDENCE	Spirit Lake (near)	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Cal
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle O Trendt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/10 1915 D S Freeman

Registrar

Registrar

S-Y CO. 24655

[redacted]

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible]

Certificate No. 31987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Harding (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1915 (Date of Event) in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Baby Harding	June Rose Harding

Subscribed and sworn to before me this 24th day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Frank B. Harding
(Signature of Any Credible Person)

Box 107 Liberty Lake, Wash
(Street Address, City, State)

FORM DPH 55.155 [illegible] 4-22-66 [illegible] # 11260

Church Confirmation, St. Mark's Episcopal Church, Diocese of Los Angeles, gives full name as June Rose Kemp, confirmed November 16, 1952 - viewed by VS.

AUG 9 1968

Own Child's Birth Cert. (California Birth), #16388, gives mother's maiden name as June Rose Harding - viewed by VS. (7-20-42)

Own Child's Birth Cert. (California Birth), #6076 (Registrar's No.), gives full name of mother as June Rose Harding - viewed by VS. (2-27-51)

415-225-028-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 19 File No. 31988

Primary Registration District No. 2051 Registered No. 809

FULL NAME OF CHILD Maria Helena Manfred

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nick Manfred	FULL MAIDEN NAME	Rosa de Lucia
RESIDENCE	Athol, Idaho	RESIDENCE	Athol, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	R. R. Section-foreman	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Idaho

Filed 7/10 1915 S. S. Brennan
Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1942

295-22-028-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 7

File No. 31989

Primary Registration District No. 2017

Registered No. 808

FULL NAME OF CHILD ~~Laurence B.~~ FLORENCE LUCY Sinclair

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	6-21-1914

FATHER

FULL NAME Bartlett Sinclair

RESIDENCE Rathdrum

COLOR W AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE South Carolina

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Bertie Whitney

RESIDENCE R.

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kans.

OCCUPATION Hse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/10 1914 D. D. Brennan

Registrar

S-Y CO., 16670

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 31989

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Prinnie	Florence Lucy Sinclair

Subscribed and sworn to before me this 8th day of May, 1943

A. S. Henson

Notary Public, residing at Twin Falls Ida.

My commission expires 3-15-47 (Seal)

Signed Mrs Bartlett Sinclair (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1125-11 Ave E, Twin Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

453-120-028-743

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31990

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

Registration District No. 12

File No. .....

Primary Registration District No. 2051

Registered No. 807

FULL NAME OF CHILD Baby Decker CLARENCE MITCHELL DECKER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	May 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mitchell Decker	FULL MAIDEN NAME	Fannie E Gallager
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ontario Canada
OCCUPATION	R.R. Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Bridle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/10 1915 D D Drennan

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 31990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clarence Mitchell Decker (NAME OF ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on May 20, 1915 (DATE OF EVENT)
in Spirit Lake, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Clarence Mitchell Decker

Subscribed and sworn to before me this 22nd
day of May, 1942

J. E. L. Pierce
Notary Public, residing at Medford, Oregon

My commission expires July 31, 1942
(SEAL)

Signed Frances Ellen [illegible]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Shady Cove
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May, 1942

Thomas G. Farley
Notary Public, residing at Maywood, California

My commission expires March 29 1944
(SEAL)

Signed Mrs. Micah Johnson (nee Decker)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4301 E 58 S tract, Maywood, California
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 28 1942 By .....
(REGISTRAR'S SIGNATURE)

162-206-028-257

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Sp. Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31991

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Nellie May Jobes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		Yes	May (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry Jobes	FULL MAIDEN NAME	Jennie Sexton
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Mill worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 31991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nellie May Jobes (Name on Original Certificate) who was born (Was Born or Died) on May 6 1915 (Date of Event)
in Spirit Lake, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Nellie May Jobes

Subscribed and sworn to before me this 7th day of June, 1944

Notary Public, residing at Spirit Lake

My commission expires 5/23-46
(Seal)

Signed Mrs Jennie Jobes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1944

Notary Public, residing at Spirit Lake.

My commission expires 5/23-46
(Seal)

Signed Roe J Hanachek
(Signature of Any Credible Person Other Than Previous Year)

Spirit Lake Idaho
(Street Address, City, State)

JUN 14 1944

JUN 16 1944

MAY 8 1967

314-279-028-245

Form V. S. No. 1[illegible]—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31992

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 806

FULL NAME OF CHILD Ruth Louise Conklin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		Yes	Apr (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Conklin	FULL MAIDEN NAME	Gertrude Bunnell
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp Lake
COLOR	White	COLOR	Wl
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 & 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl O Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/10 1915 D D Drennan

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 31992

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Canklin (female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 19, 1915 (Date of Event)

in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ruth Louise Conklin

Subscribed and sworn to before me this 28 day of March, 1972

Roma S Bowling

Notary Public, residing at Hansen Lake

My commission expires Nov 1975

(Seal)

Signed Janet L. Rishling

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #1, Box 263A; Post Falls, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of March, 1972

Notary Public, residing at Roma S Bowling

My commission expires Nov 1972

(Seal)

Signed Ruth Louise Powell

(Signature of Any Credible Person)

E. 2007 Mission Spokane, Wn.

(Street Address, City, State)

Form DH 60 155 CL 11/17/71 nm

APR 7 1972

Baptismal Record from St. Lukes Church of Spirit Lake, Idaho gives name as Ruth Louise Conklin. dated Jan. 15, 1924. Date of birth April 19, 1915. Viewed byVS

School Census records for 1921 gives name as Ruth Louise Conklin. From School Distriict No. 50, Spirit Lake, Idaho. Age listed as 6. Census taken Oct. 4, 1921. Viewed by V. S.

645-227-028-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Spit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31993

Registration District No. 12 File No. .....

Primary Registration District No. 2057 Registered No. 805

FULL NAME OF CHILD Premature Labor about 6½ mo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			yes	Apr 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Funk	FULL MAIDEN NAME	Laura McCrary
RESIDENCE	Spirit Lake Id	RESIDENCE	Spi Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	West Va	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive died in five minutes at 8 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Brindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spirit Lake

Filed 7/10 1915 D D Drennan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

767-123-028-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Garwood

Registration District No. 14

File No. 31994

No. ..... St.

Primary Registration District No. 2051

Registered No. 816

Hospital .....

FULL NAME OF CHILD Frank J. Pope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Pope	FULL MAIDEN NAME	Annie Sjekanda
RESIDENCE	Garwood	RESIDENCE	Garwood
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Dreeman M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pathdrum

Filed Aug 10 1915 D. D. Dreeman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 7 194

141-212-028-995

Form ~~VI-S-No.~~ 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31995

County of Kootenai

City of Rathdrum

Registration District No. 12 **File No.**

No. , *St.*

Primary Registration District No. 2057 **Registered No.** 815

Hospital

FULL NAME OF CHILD ~~Ida~~ Elenor EVELYN Adams

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	July 12 1915

FATHER		MOTHER	
FULL NAME	D A Adams	FULL MAIDEN NAME	Ida Rinehart
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ind.	BIRTHPLACE	South Dak
OCCUPATION	Labr.	OCCUPATION	H W

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address R

Filed 8/10 1915 D D Drennan Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Denver }

FEB 8 1943

Certificate No. 31995

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Eleanor Evelyn Adams (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 12, 1915 (DATE OF EVENT)
in Rathdrum, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 12, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ida Elenor	Eleanor Evelyn Adams

Subscribed and sworn to before me this 30th
day of January, 19 43

Mildred W. Varnlof
Notary Public, residing at Denver, Colorado

My commission expires
(SEAL)

MILDRED W. VARNLOF, Notary Public
City and County of Denver, Colorado
My Commission Expires Feb. 5, 1944

Signed Ida Maud Adams
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

2943 St. Paul, Denver, Colorado
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of January, 19 43

Mildred W. Varnlof
Notary Public, residing at Denver, Colorado

My commission expires
(SEAL)

MILDRED W. VARNLOF, Notary Public
City and County of Denver, Colorado
My Commission Expires Feb. 5, 1944

Signed Quinn Ruffennick
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1022 Niagara, Denver, Colorado
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 8 1943

314-108-028-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31996

County of Kootenai

City of Lakeview

No. ____ St.

Hospital ____

Registration District No. 14 File No. ____

Primary Registration District No. 2051 Registered No. 814

FULL NAME OF CHILD John Lamb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 8 — 191 5

FATHER	MOTHER
FULL NAME O. P. Lamb	FULL MAIDEN NAME Minnie Moran
RESIDENCE Lakeview	RESIDENCE "
COLOR W AGE AT LAST BIRTHDAY 50 (Years)	COLOR W AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Iowa
OCCUPATION Miner	OCCUPATION Nurse

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) D. D. Freeman M.D.

(Physician or midwife)

Address Palisades

Filed Aug 10 19 6 D. D. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-206-028-168

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31997

County of Kootenai

City of C. F.

Registration District No. 17 File No.

No. , St.

Primary Registration District No. 2050 Registered No. 813

Hospital

FULL NAME OF CHILD [redacted] Cardin NORMA GOLDIE CARDIN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	July 6 — 1915

FATHER		MOTHER	
FULL NAME	Ira Cardin	FULL MAIDEN NAME	Clara Johnson
RESIDENCE	C. F.	RESIDENCE	Coeur d'Alene
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas.	BIRTHPLACE	Iowa
OCCUPATION	Truckster	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) D. D. Drennan MD

(Physician or Midwife)

Address Rathdrum

Filed 8/10 19 14 D. D. Drennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 31997

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for [redacted] Irma (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR ~~DIED~~) on July 6, 1915 (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Irma	Norma Goldie Cardi
Irma Goldie Cardin		n
July 6th 1915		

Subscribed and sworn to before me this 9th
day of February, 1943.
Fred O'Kelly
Notary Public, residing at Rogue River, Oregon
My commission expires August 17, 1946
(SEAL)

Signed [illegible] Cardin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of February, 1943.
Fred O'Kelly
Notary Public, residing at Rogue River, Oregon
My commission expires August 17, 1946
(SEAL)

Signed Sylvia Edna Hanton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 0 1943

259-103-028-369

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31998

County of Kootenai

City of Post Falls

Registration District No. 14

File No.

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 814

Hospital .....

FULL NAME OF CHILD Jack Stiehr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	July 3 — 1945

FATHER		MOTHER	
FULL NAME	John Stiehr	FULL MAIDEN NAME	Flora Gordon
RESIDENCE	Post Falls	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Tenn.
OCCUPATION	Lumberman	OCCUPATION	Hse

Number of child of this mother, including present birth 2 —

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Drennan M.D.

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 8/10 1945 L. D. Drennan

Registrar

Registrar

5-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-203-028-864

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-1

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

31999

County of Kootenai

City of Parkdale

Registration District No. 12

File No.

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 811

Hospital ____ Eloise

FULL NAME OF CHILD Francis McBride

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 3 — 1917

FATHER		MOTHER	
FULL NAME	R. R. McBride	FULL MAIDEN NAME	Ruth Horne
RESIDENCE	Parkdale	RESIDENCE	"
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Mail Carrier	OCCUPATION	Hse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10a M. on the date above stated.

(Signature) D. D. Drummond M. D.

(Physician or Midwife)

Address Parkdale

Filed 8/10 1917 D. D. Drummond

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 Certified Copies issued Jan. 20, 1941. E.W.

SEP 17 1968

652-216
031-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

32000

County of Lewis

City of Ico

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 110

FULL NAME OF CHILD ~~Unnamed~~ Harriet M. West

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace M West	FULL MAIDEN NAME	Emma L. Bird
RESIDENCE	Ico Ida	RESIDENCE	Ico Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	St Joseph Mo	BIRTHPLACE	Wash
OCCUPATION		OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 - a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ico Idaho

Filed July 20 1915 H C Parrish
Registrar

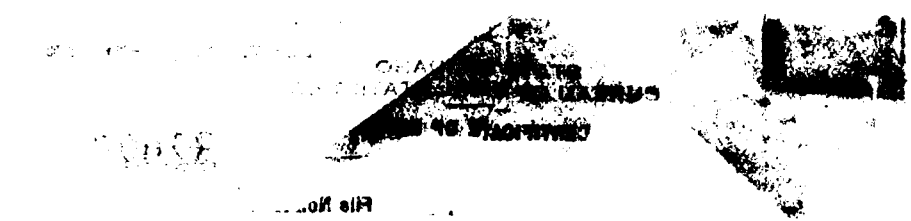
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 25 1949